

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO (CANTON)**

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<b>In re</b>	:	<b>Chapter 11</b>
	:	
<b>THE BELLEVUE HOSPITAL</b>	:	<b>Case No. 25-30191 (MAW)</b>
	:	
<b>Debtor.</b>	:	
	:	
.....	X	

**SCHEDULE OF ASSETS AND LIABILITIES FOR**  
**THE BELLEVUE HOSPITAL (CASE NO. 25-30191)**

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

In re:	:	Case No. 25-30191
The Bellevue Hospital	:	Chapter 11
	:	
Debtor.	:	Judge Mary Ann Whipple

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY AND  
DISCLAIMERS REGARDING DEBTOR'S SCHEDULES OF ASSETS AND  
LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

The Bellevue Hospital, the above-captioned debtor and debtor in possession (the “Debtor”) submits its *Schedules of Assets and Liabilities* (the “**Schedules**”) and *Statement of Financial Affairs* (the “Statement” and, together with the Schedules, the “Schedules and Statement”) pursuant 11 U.S.C. § 521 and Bankruptcy Rule 1007.

On February 5, 2025 (the “Petition Date”), the Debtor commenced this chapter 11 case by filing a voluntary petition for relief under chapter 11 of the Bankruptcy Code with the United States Bankruptcy Court for the Northern District of Ohio (the “Bankruptcy Court”). The Debtor is operating its business as debtor in possession.

The Schedules and Statement were prepared, with the assistance of the Debtor’s professionals, by the Debtor’s management and are unaudited. While those members of management responsible for the preparation of the Schedules and Statement have made a reasonable effort to ensure that the Schedules and Statement are accurate and complete based on information known to them at the time of preparation after reasonable inquiries, inadvertent errors or omissions may exist or the subsequent receipt of information may result in material changes in financial and other data contained in the Schedules and Statement. Accordingly, the Debtor reserves its right to amend or supplement the Schedules and Statement from time to time as may be necessary or appropriate; but there can be no guarantees that the Debtor will do so.

The Debtor and its agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and are not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering this information. While commercially reasonable efforts have been made to provide accurate and complete information, inadvertent errors or omissions may exist. Except as expressly required by the Bankruptcy Code, the Debtor and its agents, attorneys, and financial advisors do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized. In no event shall the Debtor or its agents, attorneys, and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtor or its agents, attorneys, and financial advisors are advised of

the possibility of such damages. These *Global Notes and Statement of Limitations, Methodology and Disclaimers Regarding Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs* (these "Global Notes") are incorporated by reference in, and comprise an integral part of, the Schedules and Statement, and should be referred to and reviewed in connection with any review of the Schedules and Statement.

## **GLOBAL NOTES AND OVERVIEW OF METHODOLOGY**

1. **Reservation of Rights.** The Debtor reserves the right to dispute, or to assert setoff or other defenses to, any claim reflected in the Schedules and Statement as to amount, liability, and classification. The Debtor also reserves all rights with respect to the values, amounts, and characterizations of the assets and liabilities listed in the Schedules and Statement. Nothing contained in the Schedules and Statement shall constitute a waiver of rights with respect to this chapter 11 case, including, but not limited to, issues involving substantive consolidation, equitable subordination, and causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets or avoid transfers.
2. **Basis of Presentation.** The Schedules and Statement reflect the assets and liabilities of the Debtor. For financial reporting purposes, the Debtor historically prepared consolidated financial statements, which included financial information for all of its subsidiaries. The Debtor has used its best efforts to ensure that the information presented here does not include assets and liabilities that are solely owned or the responsibility of any subsidiaries.

The Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles ("GAAP"), nor are they intended to reconcile to the financial statements previously distributed to lenders, major creditors, or various equity holders on an intermittent basis.

The Schedules and Statement have been signed by Darrell M. Lentz in his capacity as Interim Chief Financial Officer for the Debtor. In reviewing and signing the Schedules and Statement, Mr. Lentz necessarily relied upon the efforts, statements, and representations of the accounting and non-accounting personnel located at the Debtor's offices who report to, or work with, Mr. Lentz, either directly or indirectly. Mr. Lentz has not, and could not have, personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors.

3. **Date of Valuations.** Except as otherwise noted in the Schedules and Statement, all liabilities, as well as cash, inventory and vendor debit balances, are valued as of the Petition Date to the best of the Debtor's ability. All values are stated in United States currency. In certain instances, the Debtor used estimates or pro-rated amounts where actual data as of the aforementioned dates was not available. The Debtor made a reasonable effort to allocate liabilities between the pre- and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statement. As additional information becomes available and further research is conducted, the Debtor may modify the allocation of liabilities between the pre- and post-petition periods and amend the Schedules and Statement accordingly.

4. **Book Value.** Except as otherwise noted, each asset and liability of each Debtor is shown on the basis of net book value of the asset or liability in accordance with the Debtor's accounting books and records. Therefore, unless otherwise noted, the Schedules and Statement are not based upon any estimate of the current market values of the Debtor's assets and liabilities, which may not correspond to book values. It would be cost prohibitive and unduly burdensome to obtain current market valuations of the Debtor's property interests. Except as otherwise noted, the Debtor's assets are presented, in detail, as they appear on the Debtor's accounting sub-ledgers. As such, the detail may include error corrections and value adjustments. The Debtor believes that certain of their assets, including (i) goodwill, (ii) certain owned property, and (iii) intangibles may have been significantly impaired by, among other things, the events leading to, and the commencement of, the Debtor's chapter 11 cases. The Debtor has not yet formally evaluated the appropriateness of the carrying values ascribed to its assets prior to the Petition Date.
5. **Property and Equipment.** Unless otherwise indicated, owned property and equipment are recorded at cost and are shown net of depreciation.
6. **Causes of Action.** The Debtor has made its best effort to determine if it has any causes of action against third parties as assets in the Schedules and Statement but has not identified any. The Debtor reserves all of its rights with respect to causes of action it may have, whether disclosed or not disclosed, and neither these Global Notes nor the Schedules and Statement shall be deemed a waiver of any such causes of action.
7. **Litigation.** The Debtor made reasonable efforts to accurately record the litigation actions that it is a party to (collectively, the "Litigation Actions") in the Schedules and Statement. The inclusion of any Litigation Action in the Schedules and Statement does not constitute an admission by the Debtor of liability, the validity of any Litigation Action, or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future.
8. **Payments.** The financial affairs and business of the Debtor are complex. Prior to the Petition Date, the Debtor used a cash management system and it has used its best efforts to obtain accurate information regarding payments from its system.
9. **Claims.** Certain of the Debtor's Schedules list creditors and set forth the Debtor's estimate of the claims of creditors as of the Petition Date.

The Bankruptcy Court has authorized, but not directed, the Debtor to, among other things, (i) continue certain customer practices in the ordinary course of business, (ii) pay certain prepetition wages, salaries, employee benefits, and other related obligations up to the statutory cap, (iii) pay certain prepetition sales, use, and other taxes, and (iv) make certain payments to vendors, claimants, and lien holders. The actual unpaid claims of creditors that may be allowed in these cases may differ from the amounts set forth in the Schedules and Statement. Moreover, the Debtor has not attempted to reflect any possible recoupment rights.

Any failure to designate a claim listed on the Debtor's Schedule as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that the claim is not "disputed," "contingent," or "unliquidated." The Debtor reserves the right to (i) object to or otherwise dispute or assert setoff rights, cross-claims, counterclaims or defenses to, any claim reflected on the Schedules as to amount, liability, classification or otherwise, or (ii) otherwise to designate subsequently any claim as "disputed," "contingent" or "unliquidated."

The claims listed in the Schedules do not reflect any analysis of claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

The Debtor has excluded potential rejection damage claims of counterparties to executory contracts and unexpired leases that may or may not be rejected, and to the extent such damage claims exist, the Debtor reserves all rights to contest such claims as asserted.

10. **Totals.** All totals that are included in the Schedules and Statement represent totals of all the known amounts included in the Schedules and Statement and exclude items identified as "unknown" or "undetermined." If there are unknown or undetermined amounts, the actual totals may be materially different from the listed totals.
11. **Recharacterization.** Notwithstanding the Debtor's reasonable best efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statement, the Debtor may nevertheless have improperly characterized, classified, categorized, designated or omitted certain items. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize, redesignate, add or delete items reported in the Schedules and Statement at a later time as is necessary and appropriate, as additional information becomes available, including whether contracts listed herein were deemed executory as of the Petition Date and remain executory postpetition.
12. **Setoffs.** The Debtor may incur setoffs from governmental authorities, private payors, and suppliers in the ordinary course of business. These routine setoffs are consistent with the ordinary course of business in the Debtor's industry and, therefore, can be particularly voluminous, unduly burdensome, and costly for the Debtors to regularly document. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs may not be independently accounted for, and, as such, may be excluded from the Schedules and Statement. Any setoff of a prepetition debt to be applied against the Debtor is subject to the automatic stay and must comply with section 553 of the Bankruptcy Code.
13. **Insiders.** The Debtors reserve all rights with respect to the determination or status of a person as an "insider" as defined in section 101(13) of the Bankruptcy Code.
14. **Redaction.** The Debtors have been permitted to redact certain names and addresses to protect patients and employees. Those redactions are reflected here.

## **SPECIFIC NOTES WITH RESPECT TO THE SCHEDULES**

### **Schedule A/B**

**Item 3:** The account balances listed here reflect balances as of the Petition Date and have changed since then. For additional information regarding these accounts, see the Debtor's first day motion pertaining to its cash management system.

**Item 8:** Prepaid services are reflective of the cost to the Debtor but do not represent any (a) value of an assignment of said service or (b) value of any potential refund if service is cancelled (if a refund could even be issued).

**Item 11:** The Debtor has used its best efforts to document its Accounts Receivable accurately, but the health care industry payment system is complex and the Debtor's Accounts Receivable is never able to be determined with certainty. In addition, this value represents the Accounts Receivable if paid to the Debtor as a going concern, and does not reflect any losses, setoffs, recoupment, or other reductions that would be experienced if the Debtor were to discontinue operations.

**Item 14:** Certain of the Debtor's investments listed here were in the process of being liquidated as of the Petition Date and transferred to an escrow account held by the Debtor's Senior Secured Creditor. The Debtor's figures represent balances as of the Petition Date.

**Item 15:** The Debtor has not taken any action, but may in the future, to obtain a valuation of its various subsidiaries. The Debtor has historically made capital contributions to subsidiaries that are not reflected in the Schedules.

**Items 21 and 22:** Inventory for sale or use by the Debtor is recorded at cost and does not reflect the actual resale value of the inventory either on a going concern basis or through a liquidation. Moreover, the Inventory cost figures do not reflect spoilage, expiration, or loss in the ordinary course of business.

**Items 39, 40, and 41:** Furniture, Fixtures, Equipment and Software are valued on a net book value basis and do not reflect the liquidation value of the assets. In particular, the Debtor does not believe that the value of the Computer Hardware or IT Software would carry the same value in a liquidation scenario, and does not, for example, account for costs of removal of personally identifiable information ("PII"), such as patient information, which would be necessary in a liquidation.

**Item 47:** Vehicles have been valued using kellybluebook.com and based on their current mileage.

**Item 55:** Certain real property listed is subject to mortgage or other liens of creditors listed on schedule D. These items are detailed in the Debtor's *Motion for an Order (I) Authorizing the Debtor to (A) Obtain Postpetition Financing from Firelands, (B) Use Cash Collateral, (C) Provide Adequate Assurance Protection to Senior Secured Creditor; and, (II) Granting Related Relief* (Doc. 34), which is incorporated by reference. The Debtor has listed real property based on the net book value in its records unless there is a recent appraisal held by the Debtor.

### **Schedule D**

Except as otherwise ordered by the Bankruptcy Court (including if found valid in any order entered by the Bankruptcy Court), the Debtor reserves its rights to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset for the benefit of a secured creditor listed on a Debtor's Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument (including without limitation, any intercompany agreement) related to such creditor's claim.

Certain claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. All claims listed on Schedule D, however, have arisen or been incurred before the Petition Date.

The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in these Global Notes or the Schedules and Statement shall be deemed a modification or interpretation of the terms of such agreements.

Except as specifically stated herein, parties which may hold security deposits have not been listed on Schedule D. Other than certain known claims, the Debtors have not included parties that may believe their Claims are secured through setoff rights or inchoate statutory lien rights.

### **Schedule E/F**

Certain of the claims of state and local taxing authorities set forth in the Schedules ultimately may be deemed to be secured claims pursuant to state or local laws. Certain of the claims owing to various taxing authorities to which the Debtor may be liable may be subject to audit. The Debtor reserves its right to dispute or challenge whether claims owing to various taxing authorities are entitled to priority.

Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves, including self-insured health insurance plan liabilities. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific Claims as of the Petition Date.

Employee claims satisfied pursuant to the Bankruptcy Court's orders authorizing, but not directing, the Debtors to pay certain prepetition employee wages, salaries, benefits and other related obligations have been listed in Schedule E/F but may have been subsequently satisfied.

### **Schedule G**

The business of the Debtor is complex and, while every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtor reserves all of its



rights to (i) dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtor reserves all of its rights, claims, and causes of action with respect to the contracts and agreements listed on the Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or an unexpired lease.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements that may not be listed therein. Any real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth on Schedule G. Additionally, the Debtor may be parties to various other agreements concerning real property, such as easements, rights of way, subordination, non-disturbance, supplemental agreements, amendments/letter agreements, title documents, consents, site plans, maps, and other miscellaneous agreements. Such agreements, if any, are not set forth in Schedule G. Certain of the agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financings.

#### **SPECIFIC DISCLOSURES WITH RESPECT TO STATEMENT**

**Question 3:** The Debtor reserves all rights related to any prepetition payments to creditors that may be recoverable under chapter 5 of the Bankruptcy Code. The Debtor has not undertaken any effort at this time to evaluate any chapter 5 actions or defenses thereto.

**Question 6:** The Debtor has not identified any setoffs made by creditors without permission; however, there may be instances where such a setoff has occurred without the Debtor's knowledge.

**Question 16:** The Debtor has patient lists containing personally identifiable information provided to the Debtor in connection with obtaining a service. Such personally identifiable information is protected by the Health Insurance Portability and Accountability Act.

**Question 26d:** From time to time, the Debtor provided financial statements in the ordinary course of business to certain parties for business, statutory, credit, financing, and other reasons. Recipients have included regulatory agencies, financial institutions, investment banks, vendors, debtholders and their legal and financial advisors. The Debtor has worked to identify those to whom it provided financial statements, but it was not part of the Debtor's regular course of business to document those disclosures. As a result, the turnover of personnel may have resulted in the inability to detail each of the disclosures.



Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

**Fill in this information to identify the case:**

Debtor name The Bellevue Hospital

United States Bankruptcy Court for the: Northern District of Ohio (Canton)

Case number (if known) 25-30191

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from Schedule A/B.....	\$ <u>28,554,206.07</u> <b>plus undetermined amounts</b>
1b. <b>Total personal property:</b> Copy line 91A from Schedule A/B.....	\$ <u>13,145,571.48</u> <b>plus undetermined amounts</b>
1c. <b>Total of all property:</b> Copy line 92 from Schedule A/B.....	\$ <u>41,699,777.55</u> <b>plus undetermined amounts</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....	\$ <u>19,050,947.65</u> <b>plus undetermined amounts</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>505,036.14</u> <b>plus undetermined amounts</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>4,788,826.92</u> <b>plus undetermined amounts</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>24,344,810.71</u> <b>plus undetermined amounts</b>

**Fill in this information to identify the case:**Debtor name The Bellevue HospitalUnited States Bankruptcy Court for the: Northern District of Ohio (Canton)Case number (if known) 25-30191☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor		Current value of debtor's interest
2.	<b>Cash on Hand</b>	
2.1	CASH	\$2,487.85

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
3.	<b>Checking, savings, money market, or financial brokerage accounts</b>		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1	FIFTH THIRD BANK	MAIN OPERATING ACCOUNT	1279
			\$1,353,662.68
3.2	FIFTH THIRD BANK	MEDICAL & DENTAL BENEFITS ACCOUNT	1303
			\$31,990.38
3.3	FIFTH THIRD BANK	FLEXIBLE SPENDING ACCOUNT	1311
			\$7,883.97
3.4	FIFTH THIRD BANK	HEALTH REIMBURSEMENT ACCOUNT	5207
			\$94,628.33
3.5	FIFTH THIRD BANK	WORKERS COMPENSATION ACCOUNT	1295
			\$0.00
3.6	FIFTH THIRD BANK	BUSINESS MANAGER OPERATING ACCOUNT	1329
			\$0.00
3.7	FIFTH THIRD BANK	PAYROLL ACCOUNT	1287
			\$0.00
3.8	FIFTH THIRD BANK	GENERAL SAVINGS ACCOUNT	1337
			\$0.00
3.9	FIFTH THIRD BANK	GENERAL SAVINGS ACCOUNT	1345
			\$0.00
3.10	FIRST NATIONAL BANK	MAIN OPERATING ACCOUNT	8079
			\$716.14
3.11	FIRST NATIONAL BANK	MEDICAL DENTAL BENEFIT ACCOUNT	6262
			\$158,150.73
3.12	FIRST NATIONAL BANK	MONEY MARKET INVESTMENT ACCOUNT	1368
			\$0.00
3.13	FIRST NATIONAL BANK	MONEY MARKET INVESTMENT ACCOUNT	3204
			\$0.00
3.14	FIRST NATIONAL BANK	BUSINESS MANAGER ACCOUNT	9891
			\$5,425.90
3.15	FIRST NATIONAL BANK	BUSINESS MANAGER RESERVE ACCOUNT	0253
			\$23,544.17
3.16	FIRST NATIONAL BANK	WORKERS COMPENSATION ACCOUNT	6270
			\$0.00
3.17	FIRST NATIONAL BANK	PAYROLL ACCOUNT	8087
			\$0.00
3.18	FIRST NATIONAL BANK	SPECIAL REBATE ACCOUNT	8680
			\$0.00
All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
4.	<b>Other cash equivalents (Identify all)</b>		
4.1			\$0.00

5. **Total of Part 1.**  
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,678,490.15**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1	UNITED PARCEL SERVICE	DEPOSIT ON ACCT FOR PICK UP SERVICE	\$80.00
7.2	UNITED PARCEL SERVICE	DEPOSIT ON ACCT FOR PICK UP SERVICE	\$50.00

**Current value of debtor's interest**

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1	1CALL - DIVISION OF AMTELCO	PREPAID IT SERVICE	\$333.37
8.2	3M	PREPAID IT ANNUAL LICENSE AGREEMENT	\$25,460.10
8.3	AIRSTrip	PREPAID IT ANNUAL LICENSE AGREEMENT	\$1,575.00
8.4	ALLEN STOVALL NEUMAN & ASHTON LLP	REMAINING PROFESSIONAL RETAINER	\$40,645.90
8.5	ALTERA DIGITAL HEALTH INC	PREPAID IT ANNUAL LICENSE AGREEMENT	\$1,748.28
8.6	CDW GOVERNMENT INC	PREPAID IT SERVICE	\$1,541.30
8.7	CDW GOVERNMENT INC	PREPAID IT SERVICE	\$7,037.78
8.8	CLINICAL COMPUTER SYSTEMS INCORPORATED	PREPAID IT ANNUAL LICENSE AGREEMENT	\$1,454.50
8.9	DEVICOR MEDICAL PRODUCTS, INC.	PREPAID SERVICE AGREEMENT	\$4,900.00
8.10	DOCUSIGN INC	PREPAID IT ANNUAL LICENSE AGREEMENT	\$3,269.55
8.11	DRFIRST	PREPAID IT ANNUAL LICENSE AGREEMENT	\$16,712.50
8.12	FINQUERY	PREPAID IT ANNUAL LICENSE AGREEMENT	\$8,082.00
8.13	FORWARD ADVANTAGE	PREPAID IT ANNUAL LICENSE AGREEMENT	\$12,854.52
8.14	FRANTZ WARD LLP	REMAINING PROFESSIONAL RETAINER	\$26,202.50
8.15	GE PRECISION HEALTHCARE	PREPAID SERVICE CONTRACT	\$6,240.34
8.16	GE PRECISION HEALTHCARE	PREPAID SERVICE CONTRACT	\$9,268.17

**Current value of debtor's interest**

			Current value of debtor's interest
8.	<b>Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent</b>		
	Description, including name of holder of prepayment		
8.17	GE PRECISION HEALTHCARE	PREPAID SERVICE CONTRACT	\$6,080.50
8.18	GLOBAL HEALTHCARE EXCHANGE LLC	PREPAID IT ANNUAL SUBSCRIPTION	\$6,250.00
8.19	HASSELBACH & PAUL INSURANCE	PREPAID WORKERS COMP INSURANCE	\$36,343.41
8.20	HASSELBACH & PAUL INSURANCE	PREPAID WORKERS COMP INSURANCE	\$766.70
8.21	HEALTHCARESOURCE (SYMPLR)	PREPAID IT ANNUAL LICENSE AGREEMENT	\$6,434.90
8.22	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$66,646.89
8.23	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$158,490.77
8.24	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$555.78
8.25	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$2,844.67
8.26	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$6,075.30
8.27	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$1,147.55
8.28	HYLANT INSURANCE	PREPAID PROFESSIONAL LIABILITY INSURANCE	\$41,125.00
8.29	ICAD INC	PREPAID IT ANNUAL SUBSCRIPTION	\$583.37
8.30	ICU MEDICAL	PREPAID IT ANNUAL SUBSCRIPTION	\$3,019.50
8.31	INSIGHT	PREPAID IT SUBSCRIPTION	\$19,188.00
8.32	INSIGHT	PREPAID IT ANNUAL LICENSE AGREEMENT	\$3,813.40
8.33	INTEROPERABILITY BIDCO INC (COREPOINT HEALTH/RAPSODY)	PREPAID IT ANNUAL SUBSCRIPTION	\$19,675.19
8.34	KROLL RESTRUCTURING ADMINISTRATION	REMAINING PROFESSIONAL RETAINER	\$18,244.34
8.35	KRONOS, INC.	PREPAID IT ANNUAL SUBSCRIPTION	\$2,255.75
8.36	KRONOS, INC.	PREPAID IT ANNUAL SUBSCRIPTION	\$41,006.16
8.37	MCG HEALTH LLC	PREPAID IT SERVICE	\$2,017.25
8.38	NIHON KOHDEN	PREPAID IT SERVICE	\$2,597.48
8.39	PITNEY BOWES	PREPAID EQUIPMENT SERVICE	\$1,470.51
8.40	POWER DMS	PREPAID IT ANNUAL SUBSCRIPTION	\$7,889.90
8.41	REALVNC LIMITED	PREPAID IT ANNUAL SUBSCRIPTION	\$1,900.00
8.42	SIEMENS HEALTHCARE DIAGNOSTICS	PREPAID IT ANNUAL SUBSCRIPTION	\$2,460.00
8.43	SMARTSENSE BY DIGI	PREPAID IT ANNUAL SUBSCRIPTION	\$2,143.80
8.44	SPORT VIEW TELEVISION LLC	PREPAID IT SERVICE	\$13,411.83

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

Current value of debtor's  
interest

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.45	TORRENCE SOUND EQUIPMENT	PREPAID IT SERVICE	\$1,370.90
8.46	TTX INX	PREPAID IT SERVICE	\$6,688.18
8.47	UPTODATE	PREPAID IT ANNUAL SUBSCRIPTION	\$6,303.21
8.48	VIDYO	PREPAID IT ANNUAL SUBSCRIPTION	\$799.60
8.49	WAYSTAR INC	PREPAID IT ANNUAL SUBSCRIPTION	\$16,371.67
8.50	WAYSTAR INC	SURE PAY HEALTH	\$16,371.67

9. **Total of Part 2.**  
Add lines 7 through 8. Copy the total to line 81.

**\$689,798.99**

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below

Current value of debtor's  
interest

11. **Accounts receivable**

11a. 90 days old or less:	<u>\$17,534,937.00</u>	-	<u>\$13,456,311.00</u>	=	<u>\$4,078,626.00</u>
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>\$4,892,901.00</u>	-	<u>\$3,754,812.00</u>	=	<u>\$1,138,089.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**  
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$5,216,715.00**

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes. Fill in the information below

		Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:		
14.1	DODGE & COX STOCK CL I	MARKET VALUE	\$225,330.65
14.2	DODGE & COX STOCK CL I	MARKET VALUE	\$11,575.86
14.3	DREYFUS TREASURY OBLIGATIONS (DTRXX) - MONEY MARKET	MARKET VALUE	\$111,582.99
14.4	FIRST BANCSHARES INC OH	MARKET VALUE	\$158,026.10
14.5	VANGUARD HEALTHCARE ADMIRAL CL	MARKET VALUE	\$66,340.85

		Valuation method used for current value	Current value of debtor's interest
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b> Name of entity:		
	% of ownership		
15.1	BELLEVUE HOSPITAL MEDICAL HOLDINGS, LLC	100% % N/A	UNDETERMINED
15.2	BELLEVUE HOSPITAL PAIN MANAGEMENT, LLC	51% % N/A	UNDETERMINED
15.3	BELLEVUE PROFESSIONAL SERVICES, INC.	100% % N/A	UNDETERMINED
15.4	EAST-WEST HOLDINGS, LTD.	50% % N/A	UNDETERMINED
15.5	NORTH COAST HEALTHCARE COLLABORATIVE, LLC	25% % N/A	UNDETERMINED
15.6	NORTHERN OHIO MEDICAL SPECIALISTS, LLC (NOMS)	CLASS D MEMBERSHIP % N/A	UNDETERMINED
15.7	NORTHWEST OHIO MEDICAL EQUIPMENT, LLC	6.67% % N/A	UNDETERMINED
15.8	PRAIRIE RIDGE, LLC	100% % N/A	UNDETERMINED
15.9	THE BELLEVUE HOSPITAL FOUNDATION	100% % N/A	UNDETERMINED
15.10	THE FIRELANDS BELLEVUE REAL ESTATE HOLDING COMPANY LLC	25% % N/A	UNDETERMINED
15.11	THE FIRELANDS BELLEVUE URGENT CARE LLC	25% % N/A	UNDETERMINED

		Valuation method used for current value	Current value of debtor's interest
16.	<b>Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1</b> Describe:		
16.1			\$0.00



17. **Total of Part 4.**  
 Add lines 14 through 16. Copy the total to line 83.

**\$572,856.45**  
**plus undetermined amounts.**

**Part 5: Inventory, excluding agriculture asset**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	<b>Raw materials</b>				
19.1	_____	_____	_____	_____	\$0.00

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
20.	<b>Work in progress</b>				
20.1	_____	_____	_____	_____	\$0.00

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
21.	<b>Finished goods, including goods held for resale</b>				
21.1	HOSPITAL SUPPLIES	12/29/2023	\$231,683.71	COST	\$231,683.71

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
22.	<b>Other inventory or supplies</b>				
22.1	DRUGS	12/15/2024	\$136,890.00	COST	\$136,890.00
22.2	LINEN	12/15/2024	\$8,342.00	COST	\$8,342.00
22.3	MEDICAL/SURGICAL	12/15/2024	\$724,729.30	COST	\$724,729.30

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

23. **Total of Part 5.**  
Add lines 19 through 22. Copy the total to line 84.

\$1,101,645.01

24. **Is any of the property listed in Part 5 perishable?**

☐ No.  
☒ Yes.

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No.  
☒ Yes. Book value \$45,165.73 Valuation method LOWER OF COST OR MARKET Current Value \$45,165.73

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No.  
☐ Yes.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.  
☐ Yes. Fill in the information below

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops-either planted or harvested</b>			
28.1			<u>\$0.00</u>

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
29. <b>Farm animals</b> <i>Examples: Livestock, poultry, farm-raised fish</i>			
29.1			<u>\$0.00</u>

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
30. <b>Farm machinery and equipment</b> <i>(Other than titled motor vehicles)</i>			
30.1			<u>\$0.00</u>

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
31.	Farm and fishing supplies, chemicals, and feed			
31.1				\$0.00

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
32.	Other farming and fishing-related property not already listed in Part 6			
32.1				\$0.00

33. **Total of Part 6.**  
Add lines 28 through 32. Copy the total to line 85.

<u>\$0.00</u>
---------------

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No.  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No.  
☐ Yes.

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No.  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No.  
☐ Yes.

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No.  
☐ Yes.

Debtor **The Bellevue Hospital**

Name

Case number (if known) **25-30191****Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b>			
39.1	OFFICE FURNITURE	\$363,186.63	NET BOOK VALUE	\$363,186.63

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
40.	<b>Office fixtures</b>			
40.1	OFFICE FIXTURES	\$248,094.68	NET BOOK VALUE	\$248,094.68

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
41.1	COMPUTER HARDWARE	\$703,835.79	NET BOOK VALUE	\$703,835.79
41.2	IT SOFTWARE	\$1,865,362.51	NET BOOK VALUE	\$1,865,362.51

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
42.	<b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1				\$0.00

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86

**\$3,180,479.61**

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No.  
☒ Yes.

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No.  
☐ Yes.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1	1996 FORD BUCKET TRUCK VIN# 1FDLF47G5TEB74722	\$7,832.46	NET BOOK VALUE	\$7,832.46
47.2	2009 CHEVY EXPRESS BOX TRUCK VIN# 1GBHG31C591178734	\$0.00	NET BOOK VALUE	UNDETERMINED
47.3	2012 DODGE PICKUP TRUCK VIN# 3C6LDBT1CG97984	\$0.00	NET BOOK VALUE	UNDETERMINED
47.4	2015 GMC TERRAIN DENALI VIN# 2GKALUEK5F6290799	\$0.00	NET BOOK VALUE	UNDETERMINED
47.5	2018 CHEVY SILVERADO PICKUP TRUCK VIN# 1GCVKREC4JZ185366	\$0.00	NET BOOK VALUE	UNDETERMINED
47.6	2019 WHITE BOX TRAILER VIN# 52LB2028KE070062	\$9,448.10	NET BOOK VALUE	\$9,448.10

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
48.	<b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1				\$0.00

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
49.	<b>Aircraft and accessories</b>			
49.1				\$0.00

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
50.1				\$0.00

51. **Total of Part 8.**  
Add lines 47 through 50. Copy the total to line 87.

**\$17,280.56**  
**plus undetermined amounts.**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No.  
☒ Yes.

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☐ No.  
☒ Yes.

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.  
☒ Yes. Fill in the information below

	<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
55.	<b>Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.1	CLYDE OB CLINIC - 1005 W. MCPHERSON HWY., BELLEVUE, OH. 44811 - PARCEL ID: 32-50-00-2086-00	FEE SIMPLE	\$245,383.61	APPRAISED VALUE	\$265,000.00
55.2	COMMERCE PARK OFFICE BUILDING - 102 COMMERCE PARK DR., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-00-0141-00	FEE SIMPLE	\$4,586,891.48	APPRAISED VALUE	\$4,000,000.00
55.3	LAND - AUXILLARY DR., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-00-0150-01	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.4	LAND - PROGRESS DR., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-00-0150-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.5	LAND - PROGRESS DR., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-00-0151-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.6	LAND AROUND COMMERCE PARK OFFICE BUILDING: 1) 110 COMMERCE PARK DR. BELLEVUE, OH. 44811, PARCEL: 03-60-00-0142-00, 2) 117 COMMERCE PARK DR. BELLEVUE, OH. 44811, PARCEL: 03-60-00-0136-00, 3) 133 COMMERCE PARK DR. BELLEVUE, OH. 44811, PARCEL: 03-60-00-0134-00, 4) 125 COMMERCE PARK DR. BELLEVUE, OH. 44811, PARCEL: 03-60-00-0135-00, 5) 109 COMMERCE PARK DR. BELLEVUE, OH. 44811, PARCEL: 03-60-00-0137-00, 6) 101 COMMERCE PARK DR. BELLEVUE, OH. 44811, PARCEL: 03-60-00-0138-00	FEE SIMPLE	\$405,118.50	APPRAISED VALUE	\$425,000.00
55.7	LAND AROUND HOSPITAL - 1312 MAIN STREET W., BELLEVUE, OH. 44811 - PARCEL ID: 01-27-00-0043-00	FEE SIMPLE	\$182,353.79	NET BOOK VALUE	\$182,353.79
55.8	LAND AROUND HOSPITAL - 1424 W. MAIN ST., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-00-0127-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.9	LAND AROUND HOSPITAL - 2074 COUNTY ROAD 302, BELLEVUE, OH. 44811 - PARCEL ID: 01-22-00-0010-00	FEE SIMPLE	\$92,586.00	NET BOOK VALUE	\$92,586.00



	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	<b>Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest</b>				
55.10	LAND AROUND HOSPITAL - COUNTY ROAD 302, BELLEVUE, OH. 44811 - PARCEL ID: 01-22-00-0011-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.11	PRARIE RIDGE LOT - CENTENNIAL DRIVE, BELLEVUE, OH. 44811 - PARCEL ID: 03-50-00-2406-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.12	PRARIE RIDGE LOT - CENTENNIAL DRIVE, BELLEVUE, OH. 44811 - PARCEL ID: 03-50-00-2407-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.13	PRARIE RIDGE LOT - CENTENNIAL DRIVE, BELLEVUE, OH. 44811 - PARCEL ID: 03-50-00-2408-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.14	RED BARN - 2022 COUNTY ROAD 302, BELLEVUE, OH. 44811 - PARCEL ID: 01-22-00-0008-05	FEE SIMPLE	\$169,690.70	NET BOOK VALUE	\$169,690.70
55.15	THE HOSPITAL - 1400 W. MAIN ST., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-00-0108-00	FEE SIMPLE	\$22,587,794.43	NET BOOK VALUE	\$22,587,794.43
55.16	VEIN & BODY, NOMS MEDICAL OFFICES - 1400 W. MAIN ST., BELLEVUE, OH. 44811 - PARCEL ID: 03-60-99-0108-00	FEE SIMPLE	UNDETERMINED	NET BOOK VALUE	UNDETERMINED
55.17	WALTERS PROPERTY - HOSPITAL GARDEN - 1958 COUNTY ROAD 302, BELLEVUE, OH. 44811 - PARCEL ID: 01-22-00-0009-00	FEE SIMPLE	\$264,054.48	NET BOOK VALUE	\$264,054.48
55.18	WAREHOUSE - 200 GREAT LAKES PARKWAY, BELLEVUE, OH. 44811 - PARCEL ID: 10030060100200	FEE SIMPLE	\$30,000.00	APPRAISED VALUE	\$500,000.00
55.19	YELLOW HOUSE - 2032 COUNTY ROAD 302, BELLEVUE, OH. 44811 - PARCEL ID: 01-22-00-0008-02	FEE SIMPLE	\$67,726.67	NET BOOK VALUE	\$67,726.67

56. **Total of Part 9.**  
 Add the current value on lines 55.1 through 55.19 and entries from any additional sheets.  
 Copy the total to line 88

**\$28,554,206.07**  
**plus undetermined amounts.**

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No.  
☒ Yes.

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No.  
☒ Yes.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	<b>Patents, copyrights, trademarks, and trade secrets</b>			
60.1				\$0.00

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
61.	<b>Internet domain names and websites</b>			
61.1	DOMAIN: HTTPS://INTRANET.BELLEVUEHOSPITAL.COM/	\$0.00	N/A	\$0.00

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62.	<b>Licenses, franchises, and royalties</b>			
62.1	ANYTIME FITNESS	\$39,500.00	COST	\$39,500.00

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
63.	<b>Customer lists, mailing lists, or other compilations</b>			
63.1				\$0.00

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
64.	Other intangibles, or intellectual property			
64.1				\$0.00

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
65.	Goodwill			
65.1				\$0.00

66. **Total of Part 10.**  
Add lines 60 through 65. Copy the total to line 89.

<b>\$39,500.00</b>
--------------------

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)  
☐ No.  
☒ Yes.

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
☒ No.  
☐ Yes.

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**  
☒ No.  
☐ Yes.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
Include all interests in executory contracts and unexpired leases not previously reported on this form.  
☐ No. Go to Part 12.  
☒ Yes. Fill in the information below

Debtor The Bellevue Hospital Case number (if known) 25-30191  
Name

Current value of debtor's  
interest

71. **Notes receivable**  
Description (include name of obligor)

71.1 \_\_\_\_\_ \$0.00  
Total face amount doubtful or uncollectible amount

Current value of debtor's  
interest

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

72.1 \_\_\_\_\_ \$0.00

Current value of debtor's  
interest

73. **Interests in insurance policies or annuities**

73.1 \_\_\_\_\_ \$0.00

Current value of debtor's  
interest

74. **Causes of action against third parties (whether or not a lawsuit  
has been filed)**

74.1 \_\_\_\_\_ \$0.00

Current value of debtor's  
interest

75. **Other contingent and unliquidated claims or causes of action of  
every nature, including counterclaims of the debtor and rights to set off claims**

75.1 \_\_\_\_\_ \$0.00

Current value of debtor's  
interest

76. **Trusts, equitable or future interests in property**

76.1 \_\_\_\_\_ \$0.00

Current value of debtor's interest

77.	Other property of any kind not already listed Examples: Season tickets, country club membership	
77.1	457B PLAN	\$592,052.56
77.2	RENT RECEIVABLE - FTMC PEDIATRICS	\$31,473.68
77.3	RENT RECEIVABLE - NOMS	\$22,759.47
77.4	RENT RECEIVABLE - UNIVERSITY OF TOLEDO PHYSICIANS LLC	\$2,520.00

78. Total of Part 11.  
Add lines 71 through 77. Copy the total to line 90.

\$648,805.71

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No.

☐ Yes.

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

	Type of property	Current value of personal property	Current value of real property
80.	<b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$1,678,490.15</u>	
81.	<b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$689,798.99</u>	
82.	<b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$5,216,715.00</u>	
83.	<b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$572,856.45</u> plus undetermined amounts.	
84.	<b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,101,645.01</u>	
85.	<b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86.	<b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$3,180,479.61</u>	
87.	<b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$17,280.56</u> plus undetermined amounts.	
88.	<b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<div>\$28,554,206.07 plus undetermined amounts.</div>
89.	<b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$39,500.00</u>	
90.	<b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$648,805.71</u>	
91.	<b>Total. Add lines 80 through 90 for each column</b>	<div>\$13,145,571.48 plus undetermined amounts.</div>	+91b. <div>\$28,554,206.07 plus undetermined amounts.</div>
92.	<b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<div>\$41,699,777.55 plus undetermined amounts.</div>

**Fill in this information to identify the case:**Debtor name **The Bellevue Hospital**United States Bankruptcy Court for the: **Northern District of Ohio (Canton)**Case number (if known) **25-30191**☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
Amount of claim*Column B*  
Value of collateral that supports this claim

Do not deduct the value of collateral.

2.1

**Secured creditor name and mailing address**AMERISOURCEBERGEN DRUG CORPORATION  
1 WEST FIRST AVENUE  
CONSHOHOCKEN PA 19428**Secured creditor's email address****Date debt was incurred**

1/14/2021

**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

ALL OF DEBTOR'S INVENTORY, WHETHER NOW OWNED OR HEREAFTER ACQUIRED

**Describe the lien**

UCC LIEN: SR640493

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)***As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

\$220,000.00

UNDETERMINED



Debtor **The Bellevue Hospital**Case number (if known) **25-30191**

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
Amount of claim

Do not deduct the value of collateral.

*Column B*  
Value of collateral that supports this claim

2.2

**Secured creditor name and mailing address**ASD SPECIALTY HEALTHCARE, LLC  
27550 NETWORK PLACE  
CHICAGO IL 60673-1275**Secured creditor's email address****Date debt was incurred**

1/14/2021

**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

ALL OF DEBTOR'S INVENTORY, WHETHER NOW OWNED OR HEREAFTER ACQUIRED

**Describe the lien**

UCC LIEN: SR640491

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)***As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

UNDETERMINED

UNDETERMINED

2.3

**Secured creditor name and mailing address**BANK OF NEW YORK MELLON TRUST COMPANY, N.A.  
C/O FISHER BROYLES, LLP  
ATTN: PATRICIA FUGÉE  
27100 OAKMEAD DRIVE  
#306  
PERRYSBURG OH 43551**Secured creditor's email address****Date debt was incurred**

VARIOUS

**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

FIRST-PRIORITY LIEN

**Describe debtor's property that is subject to a lien**

FIRST-PRIORITY MORTGAGE LIENS ON DEBTOR'S REAL ESTATE; ID 55.15 (HOSPITAL), ID 55.2 (OFFICE BUILDING). FIRST PRIORITY/SECURITY INTERESTS IN SUBSTANTIALLY ALL OF DEBTOR'S PERSONAL PROPERTY.

**Describe the lien**

FIRST PRIORITY LIENS

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)***As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

UNDETERMINED

UNDETERMINED

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.4

Secured creditor name and mailing address

FIFTH THIRD BANK  
C/O VORYS, SATER, SEYMOUR AND PEASE LLP  
ATTN: KARI B. CONIGLIO, CARRIE M. BROSIUS  
200 PUBLIC SQUARE  
SUITE 1400  
CLEVELAND OH 44114

Secured creditor's email address

Date debt was incurred

3/27/2024

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No  
☒ Yes. Specify each creditor, including this creditor and its relative priority.

FIRST-PRIORITY LIEN

Describe debtor's property that is subject to a lien

FIRST-PRIORITY MORTGAGE LIENS ON DEBTOR'S REAL ESTATE; ID 55.15 (HOSPITAL), ID 55.2 (OFFICE BUILDING). FIRST PRIORITY/SECURITY INTERESTS IN SUBSTANTIALLY ALL OF DEBTOR'S PERSONAL PROPERTY.

Describe the lien

UCC LIEN: SR134984

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)*

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$17,331,975.54

UNDETERMINED

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.5

Secured creditor name and mailing address

FIFTH THIRD BANK - CORPORATE CC  
PO BOX 740523  
CINCINNATI OH 45274-0523

Secured creditor's email address

Date debt was incurred

VARIOUS

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No
 ☒ Yes. Specify each creditor, including this creditor and its relative priority.

FIRST-PRIORITY LIEN

Describe debtor's property that is subject to a lien

FIRST-PRIORITY MORTGAGE LIENS ON DEBTOR'S REAL ESTATE; ID 55.15 (HOSPITAL), ID 55.2 (OFFICE BUILDING). FIRST PRIORITY/SECURITY INTERESTS IN SUBSTANTIALLY ALL OF DEBTOR'S PERSONAL PROPERTY.

Describe the lien

FIRST PRIORITY LIENS

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Is anyone else liable on this claim?

☒ No
 ☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)*

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

\$25,503.61

UNDETERMINED

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim

Column B  
Value of collateral  
that supports this  
claim

Do not deduct the  
value of collateral.

2.6

**Secured creditor name and mailing address**

FIRELANDS REGIONAL MEDICAL  
CENTER  
C/O DINSMORE & SHOHL, LLP  
ATTN: ELLEN ARVIN KENNEDY  
100 WEST MAIN ST.  
STE. 900  
LEXINGTON KY 40507

**Secured creditor's email address****Date debt was incurred**

VARIOUS

**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

SECOND-PRIORITY LIEN

**Describe debtor's property that is subject to a lien**

TWENTY-FIVE (25) UNITS IN THE FIRELANDS-  
BELLEVUE REAL ESTATE HOLDING COMPANY,  
LLC, AND TWENTY-FIVE (25) UNITS IN THE  
FIRELANDS BELLEVUE URGENT CARE  
OPERATING COMPANY, LLC

**Describe the lien**

UCC LIEN: SR1350716

**Is the creditor an insider or related party?**☐ No☒ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)***As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

\$800,000.00

UNDETERMINED

2.7

**Secured creditor name and mailing address**

FIRST NATIONAL BANK OF BELLEVUE  
120 NORTH ST.  
BELLEVUE OH 44811

**Secured creditor's email address****Date debt was incurred**

VARIOUS

**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien**

RECEIVABLES AS DEFINED IN THE BUSINESS  
MANAGER FINANCE AGREEMENT

**Describe the lien**

UCC LIEN: 201625100368

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form 206H)***As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

\$322,500.00

UNDETERMINED

Debtor **The Bellevue Hospital**Case number (if known) **25-30191**

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
Amount of claim*Column B*  
Value of collateral  
that supports this  
claimDo not deduct the  
value of collateral.

2.8

**Secured creditor name and mailing  
address**HURON COUNTY TREASURER  
16 E MAIN ST  
NORWALK OH 44857-1597**Secured creditor's email address****Date debt was incurred**

VARIOUS

**Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien**

REAL ESTATE LOCATED IN HURON COUNTY

**Describe the lien**STATUTORY REAL PROPERTY TAXES AND  
ASSESSMENTS**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form  
206H)***As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

\$2,452.36

UNDETERMINED

2.9

**Secured creditor name and mailing  
address**INTUITIVE SURGICAL, INC.  
ATTN: ACCTS RECEIVABLE  
1020 KIFER RD  
SUNNYVALE CA 94086-5206**Secured creditor's email address****Date debt was incurred**

9/30/2022

**Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien**1 X DA VINCI XI SURGICAL SYSTEM WITH SINGLE  
CONSOLE, 1 X DA VINCI XI INTEGRATED TABLE  
MOTION UPGRADE, 1 X E-100 GENERATOR**Describe the lien**

UCC LIEN: SR972700

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form  
206H)***As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

\$119,929.90

UNDETERMINED

Debtor **The Bellevue Hospital**Case number (if known) **25-30191**

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
Amount of claim*Column B*  
Value of collateral  
that supports this  
claimDo not deduct the  
value of collateral.

2.10	<b>Secured creditor name and mailing address</b>  INTUITIVE SURGICAL, INC. ATTN: ACCTS RECEIVABLE 1020 KIFER RD SUNNYVALE CA 94086-5206 <b>Secured creditor's email address</b>  <b>Date debt was incurred</b>  9/30/2022 <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b>  1 X DA VINCI XI SURGICAL SYSTEM WITH SINGLE CONSOLE, 1 X DA VINCI XI INTEGRATED TABLE MOTION UPGRADE, 1 X E-100 GENERATOR <b>Describe the lien</b>  UCC LIEN: SR972701 <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Fill out Schedule H: Codebtors (Official Form 206H)</i> <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
2.11	<b>Secured creditor name and mailing address</b>  MB FINANCIAL BANK, N.A. 101 N MICHIGAN AVE MD: H54011 BIG RAPIDS MI 49307 <b>Secured creditor's email address</b>  <b>Date debt was incurred</b>  VARIOUS <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b>  PARAGON HOSPITAL INFORMATION SYSTEM (EQUIPMENT) <b>Describe the lien</b>  UCC LIEN: SR851215 <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Fill out Schedule H: Codebtors (Official Form 206H)</i> <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim

Column B  
Value of collateral  
that supports this  
claim

Do not deduct the  
value of collateral.

			Column A Amount of claim	Column B Value of collateral that supports this claim
2.12	<b>Secured creditor name and mailing address</b>  OLYMPUS AMERICA INC. 3500 CORPORATE PARKWAY CENTER VALLEY PA 18034 <b>Secured creditor's email address</b>  <b>Date debt was incurred</b>  3/9/2023 <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b>  SPECIFIC EQUIPMENT, LISTED BY MODEL NUMBER <b>Describe the lien</b>  UCC LIEN: SR1048808 <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Fill out Schedule H: Codebtors (Official Form 206H)</i> <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$180,605.92	UNDETERMINED
2.13	<b>Secured creditor name and mailing address</b>  SANDUSKY COUNTY TREASURER 100 N PARK AVE STE 112 FREMONT OH 43420 <b>Secured creditor's email address</b>  <b>Date debt was incurred</b>  VARIOUS <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b>  REAL ESTATE LOCATED IN SANDUSKY COUNTY <b>Describe the lien</b>  STATUTORY REAL PROPERTY TAXES AND ASSESSMENTS <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Fill out Schedule H: Codebtors (Official Form 206H)</i> <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$47,980.32	UNDETERMINED



Debtor **The Bellevue Hospital**Case number (if known) **25-30191**

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
Amount of claim*Column B*  
Value of collateral  
that supports this  
claimDo not deduct the  
value of collateral.

			<u>UNDETERMINED</u>	<u>UNDETERMINED</u>
2.14	<b>Secured creditor name and mailing address</b>  SIEMENS HEALTHCARE DIAG INC. 511 BENEDICT AVE TARRYTOWN NY 10591 <b>Secured creditor's email address</b>  <b>Date debt was incurred</b>  2/5/2021 <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.  	<b>Describe debtor's property that is subject to a lien</b>  INSTRUMENT: DIMN EXL WITH LM, SERIAL NO. DR250316 <b>Describe the lien</b>  UCC LIEN: SR650924 <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Fill out Schedule H: Codebtors (Official Form 206H)</i> <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
2.15	<b>Secured creditor name and mailing address</b>  SIEMENS HEALTHCARE DIAG INC. 511 BENEDICT AVE TARRYTOWN NY 10591 <b>Secured creditor's email address</b>  <b>Date debt was incurred</b>  2/5/2021 <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.  	<b>Describe debtor's property that is subject to a lien</b>  INSTRUMENT: DIMN EXL WITH LM, SERIAL NO. DR250311 <b>Describe the lien</b>  UCC LIEN: SR650925 <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Fill out Schedule H: Codebtors (Official Form 206H)</i> <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>UNDETERMINED</u>	<u>UNDETERMINED</u>

Debtor **The Bellevue Hospital**Case number (if known) **25-30191**

Name

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
Amount of claim*Column B*  
Value of collateral  
that supports this  
claimDo not deduct the  
value of collateral.

2.16

**Secured creditor name and mailing  
address**U.S. BANK EQUIPMENT FINANCE  
1310 MADRID STREET  
MARSHALL MN 56258**Secured creditor's email address****Date debt was incurred**

7/10/2020

**Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien**52 SEPARATE COPIERS, ALL REPLACEMENTS  
AND PARTS, AND ANY AND ALL PROCEEDS  
INCLUDING INSURANCE RECOVERIES**Describe the lien**

UCC LIEN: SR539915

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes *Fill out Schedule H: Codebtors (Official Form  
206H)***As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

UNDETERMINED

UNDETERMINED

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$19,050,947.65**  
**plus undetermined amounts****Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?Last 4 digits of  
account number for  
this entity

**Fill in this information to identify the case:**Debtor name The Bellevue HospitalUnited States Bankruptcy Court for the: Northern District of Ohio (Canton)Case number (if known) 25-30191☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	 \$8,330.31  \$8,330.31
2.2	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	 \$1,613.52  \$1,613.52

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.3	<b>Priority creditor's name and mailing address</b>  ANDRES, HUNTER ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,391.80	\$1,391.80
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.4	<b>Priority creditor's name and mailing address</b>  ANDRES, KARA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,664.44	\$5,664.44
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.5	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,057.85	\$3,057.85
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.6	<b>Priority creditor's name and mailing address</b>  ANSTEAD, EMILY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,297.32	\$1,297.32
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.7	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$848.99	\$848.99
2.8	<b>Priority creditor's name and mailing address</b>  BAKER, PAULA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$994.62	\$994.62
2.9	<b>Priority creditor's name and mailing address</b>  BAPTISTA, CHASITY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$10,887.68	\$10,887.68
2.10	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,107.79	\$1,107.79

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.11	<b>Priority creditor's name and mailing address</b>  BAUER, KATHY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,823.29	\$1,823.29
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.12	<b>Priority creditor's name and mailing address</b>  BISIGNANO, HANAH ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$636.65	\$636.65
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.13	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$502.20	\$502.20
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.14	<b>Priority creditor's name and mailing address</b>  BLEDSOE, CHERYL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,929.22	\$1,929.22
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.15	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$809.17	\$809.17
2.16	<b>Priority creditor's name and mailing address</b>  BOLLENBACHER, BRIDGET ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,954.60	\$1,954.60
2.17	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$7,702.30	\$7,702.30
2.18	<b>Priority creditor's name and mailing address</b>  BRANDT, SARA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$6,219.71	\$6,219.71

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.19	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$29,032.31	<hr/> \$15,150.00

  

2.20	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$879.28	<hr/> \$879.28
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2.21	<b>Priority creditor's name and mailing address</b>  BULGER, DEBRA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$24.35	<hr/> \$24.35
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2.22	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$1,018.16	<hr/> \$1,018.16
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Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.23	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$5,389.49	\$5,389.49
2.24	<b>Priority creditor's name and mailing address</b>  CASTER, KATHLEEN ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$5,040.30	\$5,040.30
2.25	<b>Priority creditor's name and mailing address</b>  CHURCHILL, JORDYN ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$401.01	\$401.01
2.26	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,917.24	\$1,917.24

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.27	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,465.86	\$4,465.86
2.28	<b>Priority creditor's name and mailing address</b>  COY, MELISSA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,485.02	\$3,485.02
2.29	<b>Priority creditor's name and mailing address</b>  CULBERT, KIMBERLY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,565.43	\$1,565.43
2.30	<b>Priority creditor's name and mailing address</b>  EADS, PAMELA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$758.34	\$758.34

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim		Priority amount
2.31	<b>Priority creditor's name and mailing address</b>  EISENHOWER, ALYSSA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,292.42		\$1,292.42
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO			
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>			
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes			
2.32	<b>Priority creditor's name and mailing address</b>  ENGELHART, JORDAN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$532.06		\$532.06
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO			
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>			
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes			
2.33	<b>Priority creditor's name and mailing address</b>  ENGLEHART, GAIL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,541.48		\$5,541.48
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO			
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>			
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes			
2.34	<b>Priority creditor's name and mailing address</b>  FAMULARE, DIANA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,399.18		\$2,399.18
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO			
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>			
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes			

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			Total claim	Priority amount
2.35	<b>Priority creditor's name and mailing address</b>  FAY, SUZANNE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,255.01	\$5,255.01
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.36	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,152.10	\$4,152.10
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.37	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,704.66	\$5,704.66
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.38	<b>Priority creditor's name and mailing address</b>  FULTZ, CHRISTY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,681.98	\$1,681.98
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.39	<b>Priority creditor's name and mailing address</b>  GAMBOA, VICTORIA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$585.90	\$585.90
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.40	<b>Priority creditor's name and mailing address</b>  GANGLUFF, DANIELLE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,159.82	\$3,159.82
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.41	<b>Priority creditor's name and mailing address</b>  GARBER, JESSICA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$976.89	\$976.89
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.42	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,607.49	\$9,607.49
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.43	<b>Priority creditor's name and mailing address</b>  GATES, SHELBY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,249.54	\$1,249.54
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.44	<b>Priority creditor's name and mailing address</b>  GAZDECKI, ANDREA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,755.34	\$2,755.34
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.45	<b>Priority creditor's name and mailing address</b>  GENERAL COUNSEL, DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON DC 20201	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> NOTICE ONLY		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 8</b>			

  

2.46	<b>Priority creditor's name and mailing address</b>  GEORGE, DARLENE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,629.53	\$5,629.53
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
	Name	

  

			Total claim	Priority amount
2.47	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825.61	\$1,825.61

  

2.48	<b>Priority creditor's name and mailing address</b>  GERINGER, MELISSA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$120.20	\$120.20
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2.49	<b>Priority creditor's name and mailing address</b>  GORETZKI, KELLY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$5,162.39	\$5,162.39
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2.50	<b>Priority creditor's name and mailing address</b>  GRAY, ASHLEY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$985.48	\$985.48
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Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.51	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,623.76	\$2,623.76
2.52	<b>Priority creditor's name and mailing address</b>  HAGER, RILEY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,336.09	\$1,336.09
2.53	<b>Priority creditor's name and mailing address</b>  HANSEN, SHANNON ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,859.37	\$2,859.37
2.54	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,213.11	\$2,213.11



Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.55	<b>Priority creditor's name and mailing address</b>  HAY, AMANDA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,604.80	\$3,604.80
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.56	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,727.39	\$1,727.39
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.57	<b>Priority creditor's name and mailing address</b>  HENNEY, CARRIE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,752.37	\$2,752.37
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.58	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,317.78	\$2,317.78
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.59	<b>Priority creditor's name and mailing address</b>  HOWARD, ALEXANDER ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$419.59	\$419.59
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.60	<b>Priority creditor's name and mailing address</b>  HUMPHREY, DIANNA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,175.04	\$2,175.04
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.61	<b>Priority creditor's name and mailing address</b>  HUNT, PAULA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$886.23	\$886.23
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.62	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,298.38	\$2,298.38
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.63	<b>Priority creditor's name and mailing address</b>  INTERNAL REVENUE SERVICE INSOLVENCY GROUP 6 1240 EAST NINTH STREET, ROOM 493 CLEVELAND OH 44199  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 8	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTICE ONLY  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.64	<b>Priority creditor's name and mailing address</b>  JENNINGS, AMBER ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 4	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.14	\$2,700.14
2.65	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 4	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$489.61	\$489.61
2.66	<b>Priority creditor's name and mailing address</b>  JONES, JULIE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 4	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$8,033.26	\$8,033.26

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.67	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,726.05	\$1,726.05
2.68	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$3,174.15	\$3,174.15
2.69	<b>Priority creditor's name and mailing address</b>  KOCH, AMY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,504.63	\$1,504.63
2.70	<b>Priority creditor's name and mailing address</b>  KOTH, MIGNON ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,310.25	\$1,310.25

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.71	<b>Priority creditor's name and mailing address</b>  KRAMER, DANIEL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,687.82	\$5,687.82
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.72	<b>Priority creditor's name and mailing address</b>  KUTZ, LINDA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,748.08	\$2,748.08
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.73	<b>Priority creditor's name and mailing address</b>  LAWRENCE, AMY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,626.63	\$1,626.63
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.74	<b>Priority creditor's name and mailing address</b>  LEPLEY, JESSICA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,882.92	\$1,882.92
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
	Name	

  

			Total claim	Priority amount
2.75	<b>Priority creditor's name and mailing address</b>  LEWIS, DANA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$361.28	\$361.28
2.76	<b>Priority creditor's name and mailing address</b>  LIPSTRAW, STACEY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$62.51	\$62.51
2.77	<b>Priority creditor's name and mailing address</b>  LISKAI, JILL ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$5,685.23	\$5,685.23
2.78	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$9,210.45	\$9,210.45

Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
	Name	

  

			Total claim	Priority amount
2.79	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$8,910.70	\$8,910.70

  

2.80	<b>Priority creditor's name and mailing address</b>  MARTIN, ELIZABETH ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$7,652.48	\$7,652.48
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2.81	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,539.12	\$4,539.12
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2.82	<b>Priority creditor's name and mailing address</b>  MCBROOM, KAREN ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,091.53	\$2,091.53
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Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.83	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,850.54	\$4,850.54
2.84	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$5,533.71	\$5,533.71
2.85	<b>Priority creditor's name and mailing address</b>  MCGORY, JULIA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,889.48	\$2,889.48
2.86	<b>Priority creditor's name and mailing address</b>  MCKINNEY, MICHELE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,382.68	\$4,382.68



Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
	Name	

  

			Total claim	Priority amount
2.87	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$8,802.84	\$8,802.84
2.88	<b>Priority creditor's name and mailing address</b>  MEEKINS, HANNA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,294.62	\$1,294.62
2.89	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,315.15	\$1,315.15
2.90	<b>Priority creditor's name and mailing address</b>  MILAVEC, JAMIE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$633.92	\$633.92

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.91	<b>Priority creditor's name and mailing address</b>  MILLER, KEVIN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,754.53	\$8,754.53
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.92	<b>Priority creditor's name and mailing address</b>  MITTOWER, MARY LOU ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,488.50	\$1,488.50
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.93	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,730.56	\$5,730.56
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.94	<b>Priority creditor's name and mailing address</b>  MOSHER, STACY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,855.67	\$1,855.67
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
	Name	

  

			Total claim	Priority amount
2.95	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,087.63	\$4,087.63
2.96	<b>Priority creditor's name and mailing address</b>  MYERS, ASHLEY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$7,199.83	\$7,199.83
2.97	<b>Priority creditor's name and mailing address</b>  MYERS, PATRICIA ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,344.85	\$2,344.85
2.98	<b>Priority creditor's name and mailing address</b>  MYERS, TRACY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,611.01	\$1,611.01

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.99	<b>Priority creditor's name and mailing address</b>  NEFF, SALLY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,627.36	\$2,627.36
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.100	<b>Priority creditor's name and mailing address</b>  NEILING, DAWN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,078.75	\$1,078.75
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.101	<b>Priority creditor's name and mailing address</b>  NICHOLS, LORETTA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,561.79	\$6,561.79
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.102	<b>Priority creditor's name and mailing address</b>  NORWOOD, TAYLOR ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,133.76	\$1,133.76
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
	Name	

  

			Total claim	Priority amount
2.103	<b>Priority creditor's name and mailing address</b>  OFFICE OF THE UNITED STATES ATTORNEY SUITE 308, FOUR SEAGATE, THIRD FLOOR TOLEDO OH 43604  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 8	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTICE ONLY  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.104	<b>Priority creditor's name and mailing address</b>  OGLESBEE, DAVID ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 4	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,804.61	\$4,804.61
2.105	<b>Priority creditor's name and mailing address</b>  OHIO ATTORNEY GENERAL COLLECTION ENFORCEMENT SECTION ATTN: BANKRUPTCY UNIT 30 EAST BROAD ST., 14TH FLOOR COLUMBUS OH 43215  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 8	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTICE ONLY  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.106	<b>Priority creditor's name and mailing address</b>  OHIO BUREAU OF WORKERS' COMPENSATION 30 W. SPRING ST. COLUMBUS OH 43215-2256  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 8	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL BWC CLAIMS  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.107	<b>Priority creditor's name and mailing address</b>  OHIO DEPARTMENT OF JOB AND FAMILY SERVICES 30 E BROAD ST COLUMBUS OH 43215  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 8	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> NOTICE ONLY  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

  

2.108	<b>Priority creditor's name and mailing address</b>  OHIO DEPARTMENT OF TAXATION 4485 NORTHLAND RIDGE BLVD COLUMBUS OH 43229  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 8	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> POTENTIAL TAX LIABILITY  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED	UNDETERMINED
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2.109	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 4	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,802.23	\$4,802.23
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2.110	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS  <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 4	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO  <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,564.14	\$1,564.14
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Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.111	<b>Priority creditor's name and mailing address</b>  PAETH, CHERYL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,349.49	\$1,349.49
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.112	<b>Priority creditor's name and mailing address</b>  PALOMO, MICHAEL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$384.10	\$384.10
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.113	<b>Priority creditor's name and mailing address</b>  PATRICK, LISA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,639.62	\$2,639.62
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.114	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,399.18	\$2,399.18
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

			Total claim	Priority amount
2.115	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,261.51	\$2,261.51
2.116	<b>Priority creditor's name and mailing address</b>  PHENICIE, DEBORAH ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,997.18	\$1,997.18
2.117	<b>Priority creditor's name and mailing address</b>  POSTELL, MISTY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$33.94	\$33.94
2.118	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$823.82	\$823.82



Debtor	The Bellevue Hospital	Case number (if known)	25-30191
	Name		

  

		Total claim	Priority amount
2.119	<b>Priority creditor's name and mailing address</b>  PRICE, KELSEY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$1,473.36</div>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.120	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$1,584.82</div>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.121	<b>Priority creditor's name and mailing address</b>  RAIFSNIDER, NICOLE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$5,703.16</div>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.122	<b>Priority creditor's name and mailing address</b>  RANGLES, AMY ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$5,208.66</div>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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			Total claim	Priority amount
2.123	<b>Priority creditor's name and mailing address</b>  RATHS, MELANIE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,428.52	\$2,428.52
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.124	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,164.44	\$3,164.44
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.125	<b>Priority creditor's name and mailing address</b>  REIDERMAN, AMY JO ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,767.99	\$1,767.99
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.126	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,294.21	\$2,294.21
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.127	<b>Priority creditor's name and mailing address</b>  ROEDER, JULIE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,460.13	\$3,460.13
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.128	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,258.45	\$7,258.45
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.129	<b>Priority creditor's name and mailing address</b>  SCHAEFER, RANDALL ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,405.79	\$1,405.79
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.130	<b>Priority creditor's name and mailing address</b>  SCHAFAER, NICKOLAS ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,258.60	\$1,258.60
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.131	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$9,109.30	<hr/> \$9,109.30
2.132	<b>Priority creditor's name and mailing address</b>  SCHOEN, MARIANNE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$8,710.75	<hr/> \$8,710.75
2.133	<b>Priority creditor's name and mailing address</b>  SEAMON, JENNIFER ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$6,548.44	<hr/> \$6,548.44
2.134	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$2,799.31	<hr/> \$2,799.31

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			Total claim	Priority amount
2.135	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,526.13	\$2,526.13
2.136	<b>Priority creditor's name and mailing address</b>  SHELLEY, NICOLE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,025.39	\$2,025.39
2.137	<b>Priority creditor's name and mailing address</b>  SINGLETON, MINDY ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,691.33	\$2,691.33
2.138	<b>Priority creditor's name and mailing address</b>  SMITH, KELLI ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,148.03	\$1,148.03

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.139	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$44.75	<hr/> \$44.75
2.140	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$2,096.04	<hr/> \$2,096.04
2.141	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$1,362.39	<hr/> \$1,362.39
2.142	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$1,996.39	<hr/> \$1,996.39

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.143	<b>Priority creditor's name and mailing address</b>  STEVENS, ERIN ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$650.72	\$650.72
2.144	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,926.34	\$4,926.34
2.145	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$599.50	\$599.50
2.146	<b>Priority creditor's name and mailing address</b>  THORBAHN, KAYLEAH ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <hr/> <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,891.87	\$1,891.87

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			Total claim	Priority amount
2.147	<b>Priority creditor's name and mailing address</b>  TOMLINSON, KATHERINE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,658.27	\$1,658.27
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.148	<b>Priority creditor's name and mailing address</b>  TRAPP, LAURIE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,576.45	\$5,576.45
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.149	<b>Priority creditor's name and mailing address</b>  VALENTINE, NATHAN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,638.25	\$3,638.25
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

  

2.150	<b>Priority creditor's name and mailing address</b>  VAN DYKE, LINDA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,614.03	\$5,614.03
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			



Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.151	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,559.22	\$4,559.22
2.152	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,201.92	\$2,201.92
2.153	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$9,574.28	\$9,574.28
2.154	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,390.76	\$1,390.76

Debtor	The Bellevue Hospital	Case number (if known)	25-30191
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			Total claim	Priority amount
2.155	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$4,071.56	\$4,071.56
2.156	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,595.38	\$1,595.38
2.157	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$2,674.52	\$2,674.52
2.158	<b>Priority creditor's name and mailing address</b>  WETOSKEY, NICOLE ADDRESS ON FILE  <hr/> <b>Date or dates debt was incurred</b> VARIOUS <hr/> <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 4</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYEE PTO <hr/> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	\$5,860.34	\$5,860.34

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			Total claim	Priority amount
2.159	<b>Priority creditor's name and mailing address</b>  WIGTON, PATRICIA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$5,492.27</u>	<u>\$5,492.27</u>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.160	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,342.44</u>	<u>\$1,342.44</u>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			
2.161	<b>Priority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,438.56</u>	<u>\$2,438.56</u>
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> EMPLOYEE PTO		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim: 4</b>			

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		As of the petition filing date, the claim is: Check all that apply	Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b>  3 CORDS SOLUTIONS, LLC 2715 BRANSFORD AVE NASHVILLE TN 37204  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,970.00</b>
3.2	<b>Nonpriority creditor's name and mailing address</b>  A-1 SPRINKLER CO, INC 2383 NORTHPOINTE DR MIAMISBURG OH 45342  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,381.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b>  ABBVIE 62671 COLLECTIONS CENT CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,236.00</b>
3.4	<b>Nonpriority creditor's name and mailing address</b>  ACCESS RN, INC./DYNAMIC ACCESS 2600 N CENTRAL EXPRESSWAY SUITE 280 RICHARDSON TX 75080  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,725.00</b>
3.5	<b>Nonpriority creditor's name and mailing address</b>  ACCUVEIN INC DEPT CH16850 PALATINE IL 60055  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,449.81</b>

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			Amount of claim
3.6	<b>Nonpriority creditor's name and mailing address</b>  ADVANCED STERILIZATION PRODUCTS PO BOX 74007359 CHICAGO IL 60674-7359  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$9,193.88</div>
3.7	<b>Nonpriority creditor's name and mailing address</b>  AEGIS TRAINING SOLUTIONS, LLC 9477 SILVERSIDE SOUTH LYON MI 48178  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$5,573.48</div>
3.8	<b>Nonpriority creditor's name and mailing address</b>  AESTO HEALTH 1800 INTERNATIONAL PARK DR SUITE 110 BIRMINGHAM AL 35243  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$40,188.00</div>
3.9	<b>Nonpriority creditor's name and mailing address</b>  ALCON VISION, LLC 6201 SOUTH FREEWAY FORT WORTH TX 76134  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$3,922.00</div>
3.10	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$9,072.51</div>

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		Amount of claim
3.11	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr style="border: 0.5px solid black;"/> <b>\$593.79</b>
3.12	<b>Nonpriority creditor's name and mailing address</b>  ALLSCRIPTS LLC 24630 NETWORK PLACE CHICAGO IL 60673-1246  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr style="border: 0.5px solid black;"/> <b>\$22.41</b>
3.13	<b>Nonpriority creditor's name and mailing address</b>  ALPHA IMAGING ATTN: BRAD TARORICK 4455 GLENBROOK RD WILLOUGHBY OH 44094  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr style="border: 0.5px solid black;"/> <b>\$1,900.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b>  ALTERA DIGITAL HEALTH INC PO BOX 735183 CHICAGO IL 60673-5183  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr style="border: 0.5px solid black;"/> <b>\$31,672.19</b>
3.15	<b>Nonpriority creditor's name and mailing address</b>  AMAZON CAPITAL SERVICES, INC PO BOX 81207 SEATTLE WA 98108-1207  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr style="border: 0.5px solid black;"/> <b>\$4,099.76</b>

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			Amount of claim
3.16	<b>Nonpriority creditor's name and mailing address</b>  AMERICAN PROFICIENCY INSTITUTE PO BOX 30516 LANSING MI 48909-8016  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$11,910.00</div>
3.17	<b>Nonpriority creditor's name and mailing address</b>  AMERICAN RED CROSS PO BOX 73013 CHICAGO IL 60673-7013  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$8,120.67</div>
3.18	<b>Nonpriority creditor's name and mailing address</b>  AMN HEALTHCARE LANGUAGE SERVICES PO BOX 675248 DETROIT MI 48267-5248  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$975.92</div>
3.19	<b>Nonpriority creditor's name and mailing address</b>  ANDRES, HUNTER ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$3,563.86</div>
3.20	<b>Nonpriority creditor's name and mailing address</b>  ANDRES, KARA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,862.91</div>

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			Amount of claim
3.21	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,374.49</div>
3.22	<b>Nonpriority creditor's name and mailing address</b>  ANGIODYNAMICS PO BOX 1549 ALBANY NY 12201-1549  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$33,082.50</div>
3.23	<b>Nonpriority creditor's name and mailing address</b>  ANSTEAD, EMILY ADDRESS ON FILE  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,976.08</div>
3.24	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$3,940.58</div>
3.25	<b>Nonpriority creditor's name and mailing address</b>  ARJO INC. PO BOX 640799 PITTSBURGH PA 15264-0799  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$381.15</div>



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			Amount of claim
3.26	<b>Nonpriority creditor's name and mailing address</b>  ARTHREX INC PO BOX 403511 ATLANTA GA 30384-3511  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$18,216.44</div>
3.27	<b>Nonpriority creditor's name and mailing address</b>  ARUP LABORATORIES PO BOX 27964 SALT LAKE CITY UT 84127-0964  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$330.90</div>
3.28	<b>Nonpriority creditor's name and mailing address</b>  BAPTISTA, CHASITY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$7,262.48</div>
3.29	<b>Nonpriority creditor's name and mailing address</b>  BAUER, KATHY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,425.14</div>
3.30	<b>Nonpriority creditor's name and mailing address</b>  BAXTER HEALTHCARE PO BOX 70564 CHICAGO IL 60673  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,923.78</div>

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			Amount of claim
3.31	<b>Nonpriority creditor's name and mailing address</b>  BAYLESS PATHMARK, INC 19250 E BAGLEY RD SUITE 101 MIDDLEBURG HEIGHTS OH 44130  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$42,705.00</div>
3.32	<b>Nonpriority creditor's name and mailing address</b>  BECTON DICKINSON 21588 NETWORK PLACE CHICAGO IL 60673-1215  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$10,998.19</div>
3.33	<b>Nonpriority creditor's name and mailing address</b>  BEEKLEY CORPORATION ONE PRESTIGE LANE BRISTOL CT 06010  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$845.13</div>
3.34	<b>Nonpriority creditor's name and mailing address</b>  BERARDI'S FRESH ROAST, INC ATTN: SEAN LENEGHAN 12029 ABBEY RD NORTH ROYALTON OH 44133  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$307.30</div>
3.35	<b>Nonpriority creditor's name and mailing address</b>  BIOMERIEUX INC PO BOX 500308 ST LOUIS MO 63150  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$5,441.24</div>

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			Amount of claim
3.36	<b>Nonpriority creditor's name and mailing address</b>  BISIGNANO, HANAH ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$161.59</b></div>
3.37	<b>Nonpriority creditor's name and mailing address</b>  BIZMATICS INC. 33115 COLLECTION CENTE CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$6,215.61</b></div>
3.38	<b>Nonpriority creditor's name and mailing address</b>  BLEDSOE, CHERYL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$688.60</b></div>
3.39	<b>Nonpriority creditor's name and mailing address</b>  BMI 10 MUSIC SQUARE EAST NASHVILLE TN 37203  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$612.00</b></div>
3.40	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$404.34</b></div>

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3.41	<b>Nonpriority creditor's name and mailing address</b>  BOLLENBACHER, BRIDGET ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,049.53</b></div>
3.42	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$3,549.29</b></div>
3.43	<b>Nonpriority creditor's name and mailing address</b>  BONE SUPPORT, INC PO BOX 844806 BOSTON MA 02284-4806  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$21,412.00</b></div>
3.44	<b>Nonpriority creditor's name and mailing address</b>  BOSTON SCIENTIFIC CORP PO BOX 8500-6205 PHILADELPHIA PA 19178  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$82,226.34</b></div>
3.45	<b>Nonpriority creditor's name and mailing address</b>  BRACCO DIAGNOSTICS INC PO BOX 978952 DALLAS TX 75397-8952  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,903.24</b></div>

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			Amount of claim
3.46	<b>Nonpriority creditor's name and mailing address</b>  BRANDT, SARA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$3,207.95</div>
3.47	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS AND AMOUNT IN EXCESS OF PRIORITY CAP</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$38,831.32</div>
3.48	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$225.90</div>
3.49	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$138.41</div>
3.50	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$4,638.03</div>

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3.51	<b>Nonpriority creditor's name and mailing address</b>  C F CLARK EQUIPMENT 9512 HAYES AVE SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.52	<b>Nonpriority creditor's name and mailing address</b>  CADWELL 909 N KELLOGS ST KENNEWICK WA 99336  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,648.65</b>
3.53	<b>Nonpriority creditor's name and mailing address</b>  CAPP USA 201 MARPLE AVE CLIFTON HTS PA 19018  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,680.00</b>
3.54	<b>Nonpriority creditor's name and mailing address</b>  CARDINAL HEALTH MEDICAL PRODUCTS CHICAGO IL 60673  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11.42</b>
3.55	<b>Nonpriority creditor's name and mailing address</b>  CAREFUSION SOLUTIONSLLC 25082 NETWORK PLACE CHICAGO IL 60673-1250  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,074.00</b>

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## Amount of claim

3.56	<b>Nonpriority creditor's name and mailing address</b>  CASTER, KATHLEEN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,004.87</b>
3.57	<b>Nonpriority creditor's name and mailing address</b>  CBLH DESIGN 7850 FREEWAY CIRLE CLEVELAND OH 44130  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,547.50</b>
3.58	<b>Nonpriority creditor's name and mailing address</b>  CENTAURI HEALTH SOLUTIONS PO BOX 637901 CINCINNATI OH 45263-7901  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,900.00</b>
3.59	<b>Nonpriority creditor's name and mailing address</b>  CENTRAL EXTERMINATING CO 1525 GEORGE ST SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$189.00</b>
3.60	<b>Nonpriority creditor's name and mailing address</b>  CHAMPION VIABLE AIR TESTING, LLC. 5605 DEERWOOD DR COMMERCE TOWNSHIP MI 48382  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,780.00</b>

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3.61	<b>Nonpriority creditor's name and mailing address</b>  CHANGE HEALTHCARE PO BOX 572490 SALT LAKE CITY UT 84157-2490  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,302.51</b>
3.62	<b>Nonpriority creditor's name and mailing address</b>  CHARTER COMMUNICATIONS P.O. BOX 6030 CAROL STREAM IL 60197-6030  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$463.90</b>
3.63	<b>Nonpriority creditor's name and mailing address</b>  CHOICE BOOKS 10100 PIPER LANE BRISTOW VA 20136  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$284.49</b>
3.64	<b>Nonpriority creditor's name and mailing address</b>  CHURCHILL, JORDYN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$228.04</b>
3.65	<b>Nonpriority creditor's name and mailing address</b>  CINTAS CORPORATION 318 PO BOX 630910 CINCINNATI OH 45263  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,080.84</b>



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3.66	<b>Nonpriority creditor's name and mailing address</b>  CLEVELAND CLINIC LABORATORIES PO BOX 74222 CLEVELAND OH 44194-4222  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.00</b>
3.67	<b>Nonpriority creditor's name and mailing address</b>  CLINICAL TECHNOLOGY 7005 SOUTH EDGERTON RD BRECKSVILLE OH 44141  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132.50</b>
3.68	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$598.70</b>
3.69	<b>Nonpriority creditor's name and mailing address</b>  CLOUD COLLECTIONS PO BOX 936497 ATLANTA GA 31193-6497  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,858.74</b>
3.70	<b>Nonpriority creditor's name and mailing address</b>  COMPUTERS AT WORK!, INC 2338 IMMOKALEE RD #151 NAPLES FL 34110  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,700.00</b>

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3.71	<b>Nonpriority creditor's name and mailing address</b>  CONCORDANCE HEALTHCARE SOL PO BOX 94631 CLEVELAND OH 44101  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,990.38</b></div>
3.72	<b>Nonpriority creditor's name and mailing address</b>  CONINE, JILLIAN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$10.97</b></div>
3.73	<b>Nonpriority creditor's name and mailing address</b>  CONMED CORPORATION 11311 CONCEPT BLVD LARGO FL 33773-4908  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,778.31</b></div>
3.74	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$5,298.06</b></div>
3.75	<b>Nonpriority creditor's name and mailing address</b>  COSTFLEX SYSTEMS ATTN: MIMI PERKINS PO BOX 91089 MOBILE AL 36691  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$33,523.17</b></div>

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			Amount of claim
3.76	<b>Nonpriority creditor's name and mailing address</b>  COVERYS PO BOX 674027 DETROIT MI 48267-4027  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$25,000.00</div>
3.77	<b>Nonpriority creditor's name and mailing address</b>  COY, MELISSA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,376.31</div>
3.78	<b>Nonpriority creditor's name and mailing address</b>  CRANEWARE PO BOX 934241 ATLANTA GA 31193-4241  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$53,281.00</div>
3.79	<b>Nonpriority creditor's name and mailing address</b>  CREDENTIALING CORP 20800 CENTER RIDGE RD ROCKY RIVER OH 44116  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$994.94</div>
3.80	<b>Nonpriority creditor's name and mailing address</b>  CULBERT, KIMBERLY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$273.18</div>

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			Amount of claim
3.81	<b>Nonpriority creditor's name and mailing address</b>  CURBELL 62882 COLLECTION CENTER DRIVE CHICAGO IL 60693-0628  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$237.54</b></div>
3.82	<b>Nonpriority creditor's name and mailing address</b>  DANIELS HEALTH 111 W. JACKSON BLVD SUITE 1900 CHICAGO IL 60604  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$15,224.91</b></div>
3.83	<b>Nonpriority creditor's name and mailing address</b>  DAYSMART SOFTWARE, LLC PO BOX 505664 ST. LOUIS MO 63150-5670  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$47.90</b></div>
3.84	<b>Nonpriority creditor's name and mailing address</b>  DBA ENOVIS FOOT & ANKLE 727 N SHEPHERD DRIVE HOUSTON TX 77007  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$11,440.00</b></div>
3.85	<b>Nonpriority creditor's name and mailing address</b>  DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL ROAD WAYNE PA 19087  <b>Date(s) debt was incurred</b> <u>06/21/2024</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>UNDETERMINED</b></div>

Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
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		<b>Amount of claim</b>
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3.86	<b>Nonpriority creditor's name and mailing address</b>  DEBRA LEWIS C/O LESLIE MURRAY LAW LLC ATTN: LESLIE O. MURRAY 316 E. WATER ST. SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>UNDETERMINED</b></div>
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3.87	<b>Nonpriority creditor's name and mailing address</b>  DJO MEDSHAPE/FOOT & ANKLE PO BOX 200182 DALLAS TX 75320-0182  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$22,880.00</b></div>
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3.88	<b>Nonpriority creditor's name and mailing address</b>  DOCTOR LOGIC, LLC 6401 ELDORADO PARKWAY MCKINNEY TX 75070  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,395.00</b></div>
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3.89	<b>Nonpriority creditor's name and mailing address</b>  DORNIER MEDTECH 1155 ROBERTS BOULEVARD KENNESAW GA 30144  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$284,250.00</b></div>
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3.90	<b>Nonpriority creditor's name and mailing address</b>  DOSERESPONSE ANTICOAGULATION 142 DEER VALLEY DR SEWICKLEY PA 15143  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$675.00</b></div>
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Debtor	The Bellevue Hospital	Case number (if known) <b>25-30191</b>
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		Amount of claim
3.91	<b>Nonpriority creditor's name and mailing address</b>  EADS, PAMELA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$407.13</b>

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3.92	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$368.02</b>

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3.93	<b>Nonpriority creditor's name and mailing address</b>  EISENHOWER, ALYSSA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$80.72</b>

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3.94	<b>Nonpriority creditor's name and mailing address</b>  EMD MILLIPORE CORPORATION 25760 NETWORK PLACE CHICAGO IL 60673  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$558.89</b>

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3.95	<b>Nonpriority creditor's name and mailing address</b>  EMERGENCY PROFESSIONAL PO BOX 634850 CINCINNATI OH 45263-4850  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$100,000.00</b>

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		Amount of claim
3.96	<b>Nonpriority creditor's name and mailing address</b>  EMPOWER ANNUITY INS CO OF AMERICA PO BOX 825749 PHILADELPHIA PA 19182-5749  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$500.00</b></div>
3.97	<b>Nonpriority creditor's name and mailing address</b>  ENGELHART, JORDAN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$408.74</b></div>
3.98	<b>Nonpriority creditor's name and mailing address</b>  ENGLEHART, GAIL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$359.44</b></div>
3.99	<b>Nonpriority creditor's name and mailing address</b>  ENVIRONMENTAL WATER ATTN: MIKE MCTINTOSH PO BOX 611 BOWLING GREEN OH 43402  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$7,883.52</b></div>
3.100	<b>Nonpriority creditor's name and mailing address</b>  EQUIPARTS CORP 120 PENNSYLVANIA AVE OAKMONT PA 15139  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$348.66</b></div>

Debtor	<b>The Bellevue Hospital</b>	Case number (if known)	<b>25-30191</b>
	Name		
<b>Amount of claim</b>			
3.101	<b>Nonpriority creditor's name and mailing address</b>  FAMULARE, DIANA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,073.39</b></div>
3.102	<b>Nonpriority creditor's name and mailing address</b>  FAY, SUZANNE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,138.78</b></div>
3.103	<b>Nonpriority creditor's name and mailing address</b>  FAZIO, COREY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>DEFERRED COMPENSATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$52,942.95</b></div>
3.104	<b>Nonpriority creditor's name and mailing address</b>  FEDERAL EXPRESS CORP PO BOX 371461 PITTSBURGH PA 15250-7461  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$32.60</b></div>
3.105	<b>Nonpriority creditor's name and mailing address</b>  FIRELANDS REG MED CENTER 1111 HAYES AVE SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$113,512.56</b></div>



Debtor **The Bellevue Hospital** Case number (if known) **25-30191**

Name

**Amount of claim**

3.106	<b>Nonpriority creditor's name and mailing address</b>  FIRELANDS-BELLEVUE URGENT CARE OPERATING COMPANY LLC SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,043.95</b>
3.107	<b>Nonpriority creditor's name and mailing address</b>  FISHER HEALTHCARE 13551 COLLECTIONS CTR DR. CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,260.18</b>
3.108	<b>Nonpriority creditor's name and mailing address</b>  FISHER TITUS MEDICAL CNT 272 BENEDICT AVE NORWALK OH 44857  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,423.37</b>
3.109	<b>Nonpriority creditor's name and mailing address</b>  FITSIMMONS HOSPITAL PO BOX 497 OAK FOREST IL 60452  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.50</b>
3.110	<b>Nonpriority creditor's name and mailing address</b>  FOGT, NATHAN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>DEFERRED COMPENSATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,898.92</b>

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			Amount of claim
3.111	<b>Nonpriority creditor's name and mailing address</b>  FORTEC MEDICAL INC PO BOX 951147 CLEVELAND OH 44193  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$25,098.00</div>
3.112	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$777.32</div>
3.113	<b>Nonpriority creditor's name and mailing address</b>  FTMC MED PARK & MISC BILLING 272 BENEDICT AVE NORWALK OH 44857  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$521,308.61</div>
3.114	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$3,232.53</div>
3.115	<b>Nonpriority creditor's name and mailing address</b>  FULTZ, CHRISTY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,734.36</div>

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			Amount of claim
3.116	<b>Nonpriority creditor's name and mailing address</b>  GANGLUFF, DANIELLE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$3,268.51</b></div>
3.117	<b>Nonpriority creditor's name and mailing address</b>  GANNETT OHIO LOCALIQ PO BOX 630599 CINCINNATI OH 45263  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$20,092.50</b></div>
3.118	<b>Nonpriority creditor's name and mailing address</b>  GARBER, JESSICA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$148.45</b></div>
3.119	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$7,748.17</b></div>
3.120	<b>Nonpriority creditor's name and mailing address</b>  GATES, SHELBY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,120.21</b></div>

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			Amount of claim
3.121	<b>Nonpriority creditor's name and mailing address</b>  GAZDECKI, ANDREA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,390.56</b>
3.122	<b>Nonpriority creditor's name and mailing address</b>  GE - OEC MEDICAL SYSTEMS ATTN: GENERAL COUNSEL 5517 COLLECTIONS CENTER DR CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,390.00</b>
3.123	<b>Nonpriority creditor's name and mailing address</b>  GE PRECISION HEALTHCARE LLC PO BOX 96483 CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,026.62</b>
3.124	<b>Nonpriority creditor's name and mailing address</b>  GEORGE, DARLENE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,872.57</b>
3.125	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$960.73</b>

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		Amount of claim
3.126	<b>Nonpriority creditor's name and mailing address</b>  GORDON FOOD SERVICE ATTN: BETH PO BOX88029 CHICAGO IL 60680-1029  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr/> <b>\$1,648.05</b>
3.127	<b>Nonpriority creditor's name and mailing address</b>  GORETZKI, KELLY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr/> <b>\$3,731.70</b>
3.128	<b>Nonpriority creditor's name and mailing address</b>  GRAINGER DEPT 824914980 PALATINE IL 60038-0001  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr/> <b>\$31.73</b>
3.129	<b>Nonpriority creditor's name and mailing address</b>  GRAY, ASHLEY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr/> <b>\$636.10</b>
3.130	<b>Nonpriority creditor's name and mailing address</b>  GREAT LAKES COMMUNITY ACTION PO BOX 590 FREMONT OH 43420  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <hr/> <b>\$630.61</b>

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			Amount of claim
3.131	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$278.24</b></div>
3.132	<b>Nonpriority creditor's name and mailing address</b>  GRIFOLS USA, LLC. PO BOX 741919 ATLANTA GA 30374  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$30,414.34</b></div>
3.133	<b>Nonpriority creditor's name and mailing address</b>  H&H PLUMBING & HEATING 1101 CASTALIA ST BELLEVUE OH 44811  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$354.00</b></div>
3.134	<b>Nonpriority creditor's name and mailing address</b>  HAGER, RILEY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$1,985.33</b></div>
3.135	<b>Nonpriority creditor's name and mailing address</b>  HANSEN, SHANNON ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$1,044.80</b></div>

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			Amount of claim
3.136	<b>Nonpriority creditor's name and mailing address</b>  HART ADVERTISING 480 CROSSINGS ROAD SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$5,910.00</b></div>
3.137	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$845.26</b></div>
3.138	<b>Nonpriority creditor's name and mailing address</b>  HAY, AMANDA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$2,542.33</b></div>
3.139	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$2,319.14</b></div>
3.140	<b>Nonpriority creditor's name and mailing address</b>  HEALTHMARK INDUSTRIES CO. PO BOX 7410624 CHICAGO IL 60674-0624  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$432.60</b></div>

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3.141	<b>Nonpriority creditor's name and mailing address</b>  HEARING SCREENING ASSOCIATES 3333 NORTH KENNICOTT AVENUE ARLINGTON HEIGHTS IL 60004  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.00</b>
3.142	<b>Nonpriority creditor's name and mailing address</b>  HEARTLIGHT PHARMACY SERVICES 1331 N COLE ST LIMA OH 45801  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,746.20</b>
3.143	<b>Nonpriority creditor's name and mailing address</b>  HENNEY, CARRIE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,174.67</b>
3.144	<b>Nonpriority creditor's name and mailing address</b>  HENSLEER SURGICAL PRODUCTS LLC 7038 MARKET ST., STE 200 WILMINGTON NC 28411  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,725.00</b>
3.145	<b>Nonpriority creditor's name and mailing address</b>  HERAEUS MEDICAL LLC PO BOX 21486 NEW YORK NY 10087-1486  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,927.00</b>



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		Amount of claim
3.146	<b>Nonpriority creditor's name and mailing address</b>  HILL ROM PO BOX 643592 PITTSBURGH PA 15264-3592  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$47.50</b></div>
3.147	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$655.63</b></div>
3.148	<b>Nonpriority creditor's name and mailing address</b>  HOLOGIC INC. 24506 NETWORK PL CHICAGO IL 60673-1245  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$100.00</b></div>
3.149	<b>Nonpriority creditor's name and mailing address</b>  HOOTSUITE INC 111 EAST 5TH AVENUE VANCOUVER BC V5T 4L1 CANADA  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$2,049.90</b></div>
3.150	<b>Nonpriority creditor's name and mailing address</b>  HOSPITAL CARE GROUP, P.C. 6435 W. JEFFERSON BLVD PMB 109 FORT WAYNE IN 46804  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$8,040.00</b></div>

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			Amount of claim
3.151	<b>Nonpriority creditor's name and mailing address</b>  HUMPHREY, DIANNA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$435.37</b></div>
3.152	<b>Nonpriority creditor's name and mailing address</b>  HUNT, PAULA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$761.67</b></div>
3.153	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$597.41</b></div>
3.154	<b>Nonpriority creditor's name and mailing address</b>  ICU MEDICAL, INC PO BOX 848908 LOS ANGELES CA 90084  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$2,630.51</b></div>
3.155	<b>Nonpriority creditor's name and mailing address</b>  IMPERIALDADE 2647 MOMENTUM PLACE CHICAGO IL 60689  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$12,899.64</b></div>

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			Amount of claim
3.156	<b>Nonpriority creditor's name and mailing address</b>  INNOVATIVE MEDICAL SYSTEMS PO BOX 1476 HUDSON OH 44236  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$14,400.00</b></div>
3.157	<b>Nonpriority creditor's name and mailing address</b>  INTEGRA LIFESCIENCES PO BOX 404129 ATLANTA GA 30384-4129  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$6,438.38</b></div>
3.158	<b>Nonpriority creditor's name and mailing address</b>  INTEROPERABILITY BIDCO INC PO BOX 392736 PITTSBURGH PA 15251  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$7,550.88</b></div>
3.159	<b>Nonpriority creditor's name and mailing address</b>  INTUITIVE SURGICAL INC PO BOX 883629 LOS ANGELES CA 90088  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$119,929.90</b></div>
3.160	<b>Nonpriority creditor's name and mailing address</b>  ISTO BIOLOGICS 45 SOUTH ST, SUITE 3C HOPKINTON MA 01748  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$5,760.00</b></div>

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		Amount of claim
3.161	<b>Nonpriority creditor's name and mailing address</b>  J & J HEALTH CARE SYSTEM 5972 COLLECTIONS CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$30,075.84</b></div>
3.162	<b>Nonpriority creditor's name and mailing address</b>  JENNINGS, AMBER ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$2,599.97</b></div>
3.163	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$1,131.27</b></div>
3.164	<b>Nonpriority creditor's name and mailing address</b>  JONES, JULIE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$5,747.97</b></div>
3.165	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <div style="margin-top: 5px;"> <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed </div> <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$2,009.44</b></div>

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			Amount of claim
3.166	<b>Nonpriority creditor's name and mailing address</b>  KCI PO BOX 301557 DALLAS TX 75303-1557  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$652.68</div>
3.167	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$160.95</div>
3.168	<b>Nonpriority creditor's name and mailing address</b>  KEY INNOVATIONS LLC. ATTN: GENERAL COUNSEL PO BOX 354 LOUISVILLE OH 44641  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$12,670.39</div>
3.169	<b>Nonpriority creditor's name and mailing address</b>  KOCH, AMY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,949.97</div>
3.170	<b>Nonpriority creditor's name and mailing address</b>  KOTH, MIGNON ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,552.81</div>

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			Amount of claim
3.171	<b>Nonpriority creditor's name and mailing address</b>  KRAMER, DANIEL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$3,141.74</b></div>
3.172	<b>Nonpriority creditor's name and mailing address</b>  KUTZ, LINDA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,007.24</b></div>
3.173	<b>Nonpriority creditor's name and mailing address</b>  LABORATORY CORP OF AMERICA PO BOX 12140 BURLINGTON NC 27216-2140  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$46,748.28</b></div>
3.174	<b>Nonpriority creditor's name and mailing address</b>  LABORIE MEDICAL TECHNOLOGIES PO BOX 734615 CHICAGO IL 60673-4615  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$865.26</b></div>
3.175	<b>Nonpriority creditor's name and mailing address</b>  LAKE BUSINESS PRODUCTS 37200 RESEARCH DR EASTLAKE OH 44095  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$3,571.96</b></div>

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			Amount of claim
3.176	<b>Nonpriority creditor's name and mailing address</b>  LAMAR COMPANIES PO BOX 746966 ATLANTA GA 30374-6966  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$13,785.00</b></div>
3.177	<b>Nonpriority creditor's name and mailing address</b>  LAWRENCE, AMY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$549.39</b></div>
3.178	<b>Nonpriority creditor's name and mailing address</b>  LBP LEASING 24800 LAKELAND BLVD EUCLID OH 44132  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$6,329.79</b></div>
3.179	<b>Nonpriority creditor's name and mailing address</b>  LEPLEY, JESSICA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$702.06</b></div>
3.180	<b>Nonpriority creditor's name and mailing address</b>  LGC CLINICAL DIAGNOSTICS, INC 37 BIRCH STREET MILFORD MA 01757  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$1,060.00</b></div>

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			Amount of claim
3.181	<b>Nonpriority creditor's name and mailing address</b>  LIFE FITNESS 2716 NEWTORK PLACE CHICAGO IL 60673-1271  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$757.50</div>
3.182	<b>Nonpriority creditor's name and mailing address</b>  LIFE SAFETY ENTERPIRSES, INC 4699 HAMANN PARKWAY WILLOUGHBY OH 44094  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$3,051.00</div>
3.183	<b>Nonpriority creditor's name and mailing address</b>  LIFENET HEALTH PO BOX 79636 BALTIMORE MD 21279-0636  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$30,116.80</div>
3.184	<b>Nonpriority creditor's name and mailing address</b>  LIFESTYLES 2000 30 PONDS SIDE DRIVE FREMONT OH 43420  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,500.00</div>
3.185	<b>Nonpriority creditor's name and mailing address</b>  LIPSTRAW, STACEY 3844 CR 93 WOODVILLE OH 43469  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$348.57</div>



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		As of the petition filing date, the claim is: Check all that apply	Amount of claim
3.186	<b>Nonpriority creditor's name and mailing address</b>  LIPSTRAW, STACEY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$320.00</b>
3.187	<b>Nonpriority creditor's name and mailing address</b>  LISKAI, JILL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,516.74</b>
3.188	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,678.67</b>
3.189	<b>Nonpriority creditor's name and mailing address</b>  LORIS PRINTING INC 2111 CLEVELAND RD SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$153.30</b>
3.190	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,822.10</b>

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			Amount of claim
3.191	<b>Nonpriority creditor's name and mailing address</b>  LYNN MEDICAL INSTRUMENT PO BOX 930459 WIXOM MI 48393  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$3,623.63</b></div>
3.192	<b>Nonpriority creditor's name and mailing address</b>  LYNX EMS, LLC 10123 ALLIANCE RD SUITE 300 BLUE ASH OH 45242-4707  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$250.00</b></div>
3.193	<b>Nonpriority creditor's name and mailing address</b>  MACRO HELIX LLC PO BOX 742256 ATLANTA GA 30374  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$3,901.02</b></div>
3.194	<b>Nonpriority creditor's name and mailing address</b>  MARTIN, ELIZABETH ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$5,420.45</b></div>
3.195	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$4,259.16</b></div>

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		Amount of claim
3.196	<b>Nonpriority creditor's name and mailing address</b>  MCBROOM, KAREN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr style="border: 0.5px solid black;"/> <b>\$300.31</b>
3.197	<b>Nonpriority creditor's name and mailing address</b>  MCCONNELL ORTHOPEDIC MFG. CO. PO BOX 8306 GREENVILLE TX 75404-8306  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr style="border: 0.5px solid black;"/> <b>\$385.00</b>
3.198	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr style="border: 0.5px solid black;"/> <b>\$1,888.71</b>
3.199	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr style="border: 0.5px solid black;"/> <b>\$2,006.17</b>
3.200	<b>Nonpriority creditor's name and mailing address</b>  MCGORY, JULIA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr style="border: 0.5px solid black;"/> <b>\$1,450.50</b>

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			Amount of claim
3.201	<b>Nonpriority creditor's name and mailing address</b>  MCKESSON MEDICAL SURGICAL PO BOX 634404 CINCINNATI OH 45263-4404  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$938.06</div>
3.202	<b>Nonpriority creditor's name and mailing address</b>  MCKINNEY, MICHELE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$4,082.76</div>
3.203	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$5,684.25</div>
3.204	<b>Nonpriority creditor's name and mailing address</b>  MED PAT & INN PHONE 31 RIORDAN PLACE SHREWSBURY NJ 07702  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$246.50</div>
3.205	<b>Nonpriority creditor's name and mailing address</b>  MEDACIST SOLUTIONS GROUP, LLC PO BOX 8139 CAROL STREAM IL 60197-8131  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$470.00</div>

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			Amount of claim
3.206	<b>Nonpriority creditor's name and mailing address</b>  MEDLINE INDUSTRIES INC BOX 382075 PITTSBURGH PA 15251  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$87,707.35</div>
3.207	<b>Nonpriority creditor's name and mailing address</b>  MEDPIPE MAINTENANCE ATTN: DAVID URBANIK PO BOX 541 102 FREEMDOM DRIVE LAWRENCE PA 15055  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,155.00</div>
3.208	<b>Nonpriority creditor's name and mailing address</b>  MEDTRONIC USA INC 4642 COLLECTION CENTER DRIVE CHICAGO IL 60693-0046  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$3,514.30</div>
3.209	<b>Nonpriority creditor's name and mailing address</b>  MEDYNUS 18 TECHNOLOGY DR, SUITE 109 IRVINE CA 92618  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,450.00</div>
3.210	<b>Nonpriority creditor's name and mailing address</b>  MEEKINS, HANNA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$793.85</div>

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			Amount of claim
3.211	<b>Nonpriority creditor's name and mailing address</b>  MEMORIAL PROFESSIONAL SERVICES, LTD 710 CLEVELAND AVENUE FREMONT OH 43420  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,518.20</div>
3.212	<b>Nonpriority creditor's name and mailing address</b>  MERGE HEALTHCARE PO BOX 205824 DALLAS TX 75320-5824  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$64,049.09</div>
3.213	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$103.78</div>
3.214	<b>Nonpriority creditor's name and mailing address</b>  METHAPHARM INC PO BOX 749512 ATLANTA GA 30374-9512  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$985.00</div>
3.215	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$0.38</div>

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			Amount of claim
3.216	<b>Nonpriority creditor's name and mailing address</b>  MGC DIAGNOSTICS, PO BOX 9201 MINNEAPOLIS MN 55480-9201  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$855.93</div>
3.217	<b>Nonpriority creditor's name and mailing address</b>  MID AMERICA BUSINES SYSTEMS 810 BUSCH COURT COLUMBUS OH 43229  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$761.52</div>
3.218	<b>Nonpriority creditor's name and mailing address</b>  MILLENNIA PATIENT SERVICES, LLC ATTN: GENERAL COUNSEL 5000 CENTREGREEN WAY STE 100 CARY NC 27513  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$34,964.97</div>
3.219	<b>Nonpriority creditor's name and mailing address</b>  MILLER, KEVIN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,738.10</div>
3.220	<b>Nonpriority creditor's name and mailing address</b>  MINERVA SURGICAL INC DEPT CH 17472 PALATINE IL 60055-7472  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$30,455.00</div>

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			Amount of claim
3.221	<b>Nonpriority creditor's name and mailing address</b>  MITTOWER, MARY LOU ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$1,211.56</div>
3.222	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$2,070.28</div>
3.223	<b>Nonpriority creditor's name and mailing address</b>  MIZUHO OSI PO BOX 1468 UNION CA 94587-1468  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$350.95</div>
3.224	<b>Nonpriority creditor's name and mailing address</b>  MODERNA, INC 200 TECHNOLOGY SQUARE CAMBRIDGE MA 02139  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$2,312.88</div>
3.225	<b>Nonpriority creditor's name and mailing address</b>  MODULLUZ, LTD C/O RICHARD A. COOPER, STAT AGENT 50 PUBLIC SQ. STE 2900 CLEVELAND OH 44113  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>POSSIBLE RIGHT OF FIRST REFUSAL RELATED TO 1005 W. MCPHERSON HWY.</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">UNDETERMINED</div>



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			Amount of claim
3.226	<b>Nonpriority creditor's name and mailing address</b>  MOSHER, STACY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0.5px solid black;"/> <b>\$622.90</b>
<hr style="border: 0.5px solid black;"/>			
3.227	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0.5px solid black;"/> <b>\$1,610.22</b>
<hr style="border: 0.5px solid black;"/>			
3.228	<b>Nonpriority creditor's name and mailing address</b>  MYERS, ASHLEY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0.5px solid black;"/> <b>\$3,794.04</b>
<hr style="border: 0.5px solid black;"/>			
3.229	<b>Nonpriority creditor's name and mailing address</b>  MYERS, PATRICIA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0.5px solid black;"/> <b>\$144.51</b>
<hr style="border: 0.5px solid black;"/>			
3.230	<b>Nonpriority creditor's name and mailing address</b>  MYERS, TRACY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<hr style="border: 0.5px solid black;"/> <b>\$1,316.79</b>

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3.231	<b>Nonpriority creditor's name and mailing address</b>  NADERER, MARC 850 E. COLE ROAD FREMONT OH 43420  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,000.00</b></div>
3.232	<b>Nonpriority creditor's name and mailing address</b>  NANOSONICS INC DEPT CH 10899 PALATINE IL 60055  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$777.00</b></div>
3.233	<b>Nonpriority creditor's name and mailing address</b>  NEFF, SALLY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,251.65</b></div>
3.234	<b>Nonpriority creditor's name and mailing address</b>  NEILING, DAWN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$226.85</b></div>
3.235	<b>Nonpriority creditor's name and mailing address</b>  NICHOLS, LORETTA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$7,409.91</b></div>

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3.236	<b>Nonpriority creditor's name and mailing address</b>  NIHON KOHDEN PO BOX 7477 CAROL STREAM IL 60197-7477  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$863.13</b>
3.237	<b>Nonpriority creditor's name and mailing address</b>  NORTH CENTRAL EMS 272 BENEDICT AVE NORWALK OH 44857  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,261.60</b>
3.238	<b>Nonpriority creditor's name and mailing address</b>  NORWOOD, TAYLOR ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$972.13</b>
3.239	<b>Nonpriority creditor's name and mailing address</b>  NUANCE INC. 1 WAYSIDE RD. BURLINGTON MA 01803  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.240	<b>Nonpriority creditor's name and mailing address</b>  NURSES CHOICE CORP PO BOX 958 WRIGHTSVILLE BEACH NC 28480  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$281.00</b>

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3.241	<b>Nonpriority creditor's name and mailing address</b>  NUVASIVE CLINICAL SERVICES 10275 LITTLE PATUXENT PARKWAY COLUMBIA MD 21044  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$950.00</u>
3.242	<b>Nonpriority creditor's name and mailing address</b>  O E MEYER CO PO BOX 479 SANDUSKY OH 44871  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,288.05</u>
3.243	<b>Nonpriority creditor's name and mailing address</b>  OGLESBEE, DAVID ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,251.97</u>
3.244	<b>Nonpriority creditor's name and mailing address</b>  OHA: ASSOC FOR HOSPITALS 65 E. STATE ST COLUMBUS OH 43215  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$57,223.08</u>
3.245	<b>Nonpriority creditor's name and mailing address</b>  OHIO CAT PO BOX 854439 MINNEAPOLIS MN 55485  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,397.00</u>

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3.246	<b>Nonpriority creditor's name and mailing address</b>  OHIO HEALTH INFORMATION PARTNERSHIP L4371 COLUMBUS OH 43260  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$15,500.00</b></div>
3.247	<b>Nonpriority creditor's name and mailing address</b>  OLYMPUS AMERICA INC PO BOX 200194 PITTSBURG PA 15251  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$11,247.01</b></div>
3.248	<b>Nonpriority creditor's name and mailing address</b>  OLYMPUS FINANCIAL SERV PO BOX 200183 PITTSBURGH PA 15251  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$37,211.84</b></div>
3.249	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$906.05</b></div>
3.250	<b>Nonpriority creditor's name and mailing address</b>  OMPC ATTN: ERIN THOMAS C/O APEX PHYSICS PARTN PO BOX 1055 FRANKLIN TN 37065  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,924.42</b></div>

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			Amount of claim
3.251	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black;">\$2,274.12</div>
3.252	<b>Nonpriority creditor's name and mailing address</b>  ORTHO CLINICAL DIAGNOSTIC PO BOX 3655 CAROL STREAM IL 60132-3655  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black;">\$697.66</div>
3.253	<b>Nonpriority creditor's name and mailing address</b>  ORTHOPAEDIC INSTITUTE OF OHIO INC 801 MEDICAL DRIVE STE A LIMA OH 45804  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black;">\$2,400.00</div>
3.254	<b>Nonpriority creditor's name and mailing address</b>  OUTFRONT MEDIA PO BOX 33074 NEWARK NJ 07188-0074  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black;">\$3,899.00</div>
3.255	<b>Nonpriority creditor's name and mailing address</b>  PAETH, CHERYL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black;">\$2,231.30</div>

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			Amount of claim
3.256	<b>Nonpriority creditor's name and mailing address</b>  PAJUNK USA 4575 MARCONI DR ALPHARETTA GA 30005  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$693.00</div>
3.257	<b>Nonpriority creditor's name and mailing address</b>  PAR EXCELLENCE SYSTEMS 11500 NORTHLAKE DR SUITE 135 CINCINNATI OH 45249  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$4,926.88</div>
3.258	<b>Nonpriority creditor's name and mailing address</b>  PARTSOURCE PO BOX 645186 CINCINNATI OH 45264-5186  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$216.56</div>
3.259	<b>Nonpriority creditor's name and mailing address</b>  PATHLINK OF OH LLC ATTN: DAVID ANDERSON 66 W GILBERT ST, STE 1 RED BANK NJ 07701  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,730.20</div>
3.260	<b>Nonpriority creditor's name and mailing address</b>  PATRICIA SEMER ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>03/01/2024</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE SEVERANCE ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$18,989.00</div>

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			Amount of claim
3.261	<b>Nonpriority creditor's name and mailing address</b>  PATRICK, LISA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$2,049.83</b></div>
3.262	<b>Nonpriority creditor's name and mailing address</b>  PAYMENT RESOLUTION SERVICES PO BOX 415000 NASHVILLE TN 37241  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$26,829.01</b></div>
3.263	<b>Nonpriority creditor's name and mailing address</b>  PEACOCK WATER 430 S MAIN ST KENTON OH 43326  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$100.45</b></div>
3.264	<b>Nonpriority creditor's name and mailing address</b>  PEM FILINGS DEPARTMENT 1920 PO BOX 4110 WOBURN MA 01888-4110  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$488.80</b></div>
3.265	<b>Nonpriority creditor's name and mailing address</b>  PEOPLE FACTS LLC PO BOX 740303 LOS ANGELES CA 90074-0303  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$642.91</b></div>



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			Amount of claim
3.266	<b>Nonpriority creditor's name and mailing address</b>  PEPSI COLA GEN BOTTLE INC ATTN: ROGER DUVENDACK PO BOX 75948 CHICAGO IL 60675-5948  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$463.26</b></div>
3.267	<b>Nonpriority creditor's name and mailing address</b>  PERFORMANCE HEALTH SUPPLY INC PO BOX 93040 CHICAGO IL 60673-3040  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$631.61</b></div>
3.268	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$567.32</b></div>
3.269	<b>Nonpriority creditor's name and mailing address</b>  PERRYS PLANTATION INC 1400 SENECA IND PKWY BELLEVUE OH 44811  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$13,632.05</b></div>
3.270	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$1,516.63</b></div>

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			Amount of claim
3.271	<b>Nonpriority creditor's name and mailing address</b>  PHENICIE, DEBORAH ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$6,049.70</b></div>
3.272	<b>Nonpriority creditor's name and mailing address</b>  PIFER, SARA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$262.99</b></div>
3.273	<b>Nonpriority creditor's name and mailing address</b>  PITNEY BOWES GBL FINANC'L PO BOX 981022 BOSTON MA 02298-1022  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$85.17</b></div>
3.274	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$467.30</b></div>
3.275	<b>Nonpriority creditor's name and mailing address</b>  PRECISION DYNAMICS CORP. PO BOX 71549 CHICAGO IL 60694-1995  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;"><b>\$19.48</b></div>

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			Amount of claim
3.276	<b>Nonpriority creditor's name and mailing address</b>  PREMIER HEALTHCARE SOLUTIONS 5882 COLLECTIONS CENTER DRIVE CHICAGO IL 60693  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$833.33</b></div>
3.277	<b>Nonpriority creditor's name and mailing address</b>  PRESS GANEY ASSOC. INC. BOX 88335 MILWAUKEE WI 53288  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$80,042.82</b></div>
3.278	<b>Nonpriority creditor's name and mailing address</b>  PRICE, KELSEY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,456.91</b></div>
3.279	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$1,093.59</b></div>
3.280	<b>Nonpriority creditor's name and mailing address</b>  PRIORITY HEALTHCARE DIST PO BOX 978510 DALLAS TX 75397-8510  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$86,917.78</b></div>

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			Amount of claim
3.281	<b>Nonpriority creditor's name and mailing address</b>  PROMEDICA PHYSICIAN GROUP ATTN: ONTHA OBERLEY 3909 WOODLEY ROAD TOLEDO OH 43606  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,500.00</b>
3.282	<b>Nonpriority creditor's name and mailing address</b>  PSG POINT OF SALE SYSTEMS 3150 N REPUBLIC BLVD TOLEDO OH 43615  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$370.00</b>
3.283	<b>Nonpriority creditor's name and mailing address</b>  QUADAX INC 25201 CHAGRIN BLVD BEACHWOOD OH 44122-5633  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,103.08</b>
3.284	<b>Nonpriority creditor's name and mailing address</b>  RADIOMETER AMERICA, INC. 250 S. KRAEMER BLVD. BREA CA 92821  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,114.92</b>
3.285	<b>Nonpriority creditor's name and mailing address</b>  RAIFSNIDER, NICOLE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,306.75</b>

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		Amount of claim
3.286	<b>Nonpriority creditor's name and mailing address</b>  RANDLES, AMY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>\$452.48</b>
3.287	<b>Nonpriority creditor's name and mailing address</b>  RATHS, MELANIE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>\$2,192.75</b>
3.288	<b>Nonpriority creditor's name and mailing address</b>  RAYMOND JAMES & ASSOC. 24950 COUNTRY CLUB NORTH OLMSTEAD OH 44070  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>\$5,080.09</b>
3.289	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>\$2,736.86</b>
3.290	<b>Nonpriority creditor's name and mailing address</b>  REIDERMAN, AMY JO ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>\$659.62</b>

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			Amount of claim
3.291	<b>Nonpriority creditor's name and mailing address</b>  REINO LINEN SERVICE PO BOX 85199 CHICAGO IL 60689  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$35,617.71</b></div>
3.292	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$27.60</b></div>
3.293	<b>Nonpriority creditor's name and mailing address</b>  RESMED PO BOX 100047 ATLANTA GA 30348-0047  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,059.50</b></div>
3.294	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$534.58</b></div>
3.295	<b>Nonpriority creditor's name and mailing address</b>  REXEL USA, INC PO BOX 417803 BOSTON MA 02241-7803  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$284.11</b></div>

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			Amount of claim
3.296	<b>Nonpriority creditor's name and mailing address</b>  RICHARD LEONARD C/O THE ROBERNALT LAW FIRM ATTN: THOMAS D. ROBERNALT, ESQ. 23550 CENTER RIDGE RD STE. 103 WESTLAKE OH 44145  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border: 1px solid black; padding: 2px; background-color: #f2f2f2;">UNDETERMINED</div>
3.297	<b>Nonpriority creditor's name and mailing address</b>  RIVERSIDE RAD & INTERVENTIONAL 100 E CAMPUS VIEW BLVD, STE 100 COLUMBUS OH 43235  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$57,250.00</div>
3.298	<b>Nonpriority creditor's name and mailing address</b>  ROCHE DIAGNOSTICS CORPORATION 9115 HAGUE ROAD BLDG B INDIANAPOLIS IN 46250  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$4,456.14</div>
3.299	<b>Nonpriority creditor's name and mailing address</b>  ROEDER, JULIE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$3,705.95</div>
3.300	<b>Nonpriority creditor's name and mailing address</b>  ROTO ROOTER 2610 STATE ROUTE 61 NORWALK OH 44857  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black;">\$1,010.00</div>

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			Amount of claim
3.301	<b>Nonpriority creditor's name and mailing address</b>  RUTH A. LEONARD C/O THE ROBERNALT LAW FIRM ATTN: THOMAS D. ROBERNALT, ESQ. 23550 CENTER RIDGE RD STE. 103 WESTLAKE OH 44145  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border: 1px solid black; padding: 2px; background-color: #f2f2f2;">UNDETERMINED</div>
3.302	<b>Nonpriority creditor's name and mailing address</b>  S.A. COMUNALECO., INC 2900 NEWPARK DR BARBERTON OH 44203  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$515.00</div>
3.303	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$3,029.84</div>
3.304	<b>Nonpriority creditor's name and mailing address</b>  SAFE HARBOR SECURITY & FIRE LLC 3812 LIBERTY AVE VERMILLION OH 44089  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$504.00</div>
3.305	<b>Nonpriority creditor's name and mailing address</b>  SCHAEFER, RANDALL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 2px;">\$78.66</div>



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		Amount of claim
3.306	<b>Nonpriority creditor's name and mailing address</b>  SCHAFER, NICKOLAS ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$3,509.00</b></div>
3.307	<b>Nonpriority creditor's name and mailing address</b>  SCHAFFNER PUBLICATIONS INC 418 S BEVERLY DR SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$1,284.24</b></div>
3.308	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$5,541.22</b></div>
3.309	<b>Nonpriority creditor's name and mailing address</b>  SCHOEN, MARIANNE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$4,104.39</b></div>
3.310	<b>Nonpriority creditor's name and mailing address</b>  SEAMON, JENNIFER ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black;"><b>\$957.94</b></div>

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3.311	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$769.97</b>
3.312	<b>Nonpriority creditor's name and mailing address</b>  SENTEC INC PO BOX 412817 BOSTON MA 02241-2871  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,900.00</b>
3.313	<b>Nonpriority creditor's name and mailing address</b>  SEQIRUS USA INC 25 DEFOREST AVENUE SUMMIT NJ 07901  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,276.55</b>
3.314	<b>Nonpriority creditor's name and mailing address</b>  SERVICE EXPRESS LLC 3855 SPARKS DRIVE SE GRAND RAPIDS MI 49546  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,673.64</b>
3.315	<b>Nonpriority creditor's name and mailing address</b>  SHARED MEDICAL SERVICES INC 209 LIMESTONE PASS COTTAGE GROVE WI 53527  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,475.00</b>

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3.316	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$112.16</b></div>
3.317	<b>Nonpriority creditor's name and mailing address</b>  SHELLEY, NICOLE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,513.17</b></div>
3.318	<b>Nonpriority creditor's name and mailing address</b>  SHRED-IT USA LLC/STERICYCLE, INC 28883 NETWORK PLACE CHICAGO IL 60673-1288  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$469.68</b></div>
3.319	<b>Nonpriority creditor's name and mailing address</b>  SIEMENS HEALTHCARE DIAGNOSTICS PO BOX 121102 DALLAS TX 75312-1102  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$43,148.28</b></div>
3.320	<b>Nonpriority creditor's name and mailing address</b>  SIEMENS MEDICAL SOLUTIONS 40 LIBERTY BLVD Malvern PA 19355  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$3,182.74</b></div>

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			Amount of claim
3.321	<b>Nonpriority creditor's name and mailing address</b>  SINGLETON, MINDY ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,170.80</div>
3.322	<b>Nonpriority creditor's name and mailing address</b>  SMD WYNNE CORPORATION 8055 B CORPORATE BLV PLAIN OH 43064  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$293.09</div>
3.323	<b>Nonpriority creditor's name and mailing address</b>  SMITH, KELLI ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,181.87</div>
3.324	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$2,238.69</div>
3.325	<b>Nonpriority creditor's name and mailing address</b>  SPECTRACORP TECHNOLOGIES GROUP INC PO BOX 814409 DALLAS TX 75381-4409  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$733.20</div>

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			Amount of claim
3.326	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$984.93</div>
3.327	<b>Nonpriority creditor's name and mailing address</b>  SPINAL ELEMENTS 3115 MELROSE DR., SUITE 200 CARLSBAD CA 92010  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$9,330.00</div>
3.328	<b>Nonpriority creditor's name and mailing address</b>  STANLEY ACCESS TECH LLC/ PO BOX 0371595 PITTSBURGH PA 15251-7595  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$2,930.70</div>
3.329	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$2,097.49</div>
3.330	<b>Nonpriority creditor's name and mailing address</b>  STAXI CORPORATION PO BOX 71543 CHICAGO IL 60694-1543  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$92.00</div>

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			Amount of claim
3.331	<b>Nonpriority creditor's name and mailing address</b>  STERIS CORPORATION PO BOX 644063 PITTSBURGH PA 15264-4063  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$17,893.40</b></div>
3.332	<b>Nonpriority creditor's name and mailing address</b>  STERIS INSTRUMENT MANAGEMENT PO BOX 531809 ATLANTA GA 30353-1809  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$9,761.56</b></div>
3.333	<b>Nonpriority creditor's name and mailing address</b>  STETRIX INC 7531 BARTLETT CORPORATE COVE EAST BARTLETT TN 38133  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$702.76</b></div>
3.334	<b>Nonpriority creditor's name and mailing address</b>  STEVENS, ERIN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$669.87</b></div>
3.335	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$1,848.74</b></div>

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			Amount of claim
3.336	<b>Nonpriority creditor's name and mailing address</b>  STRATA DECISION TECHNOLOGY, LLC 200 E RANDOLPH ST. FL 49 CHICAGO IL 60601  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$524.41</b></div>
3.337	<b>Nonpriority creditor's name and mailing address</b>  STRAUSS SURGICAL USA LLC PO BOX 773137 DETROIT MI 48277-3137  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$3,380.00</b></div>
3.338	<b>Nonpriority creditor's name and mailing address</b>  STRYKER ENDOSCOPY PO BOX 93276 CHICAGO IL 60673-3276  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$743.90</b></div>
3.339	<b>Nonpriority creditor's name and mailing address</b>  STRYKER INSTRUMENTS 21343 NETWORK PLACE CHICAGO IL 60673-1213  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$12,612.84</b></div>
3.340	<b>Nonpriority creditor's name and mailing address</b>  STRYKER ORTHOPAEDICS BOX 93213 CHICAGO IL 60673-3213  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$1,535.00</b></div>

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3.341	<b>Nonpriority creditor's name and mailing address</b>  STRYKER SALES LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$113,966.02</u>
3.342	<b>Nonpriority creditor's name and mailing address</b>  SULLIVAN COTTER AND ASSOCIATES INC 62272 COLLECTIONS CENTER DR CHICAGO IL 60693-0622  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,545.76</u>
3.343	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$854.42</u>
3.344	<b>Nonpriority creditor's name and mailing address</b>  SUNOPTIC TECHNOLOGIES, LLC 6018 BOWDENDALE AVENUE JACKSONVILLE FL 32216  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$456.04</u>
3.345	<b>Nonpriority creditor's name and mailing address</b>  SUPERIOR AIR GROUND 395 W LAKE ST ELMHURST IL 60126-1508  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,266.03</u>



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			Amount of claim
3.346	<b>Nonpriority creditor's name and mailing address</b>  SURGICAL PRODUCT SOLUTIONS PO BOX #645922 PITTSBURGH PA 15264  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$219.39</b></div>
3.347	<b>Nonpriority creditor's name and mailing address</b>  SUSAN REIDERMAN C/O MURRAY & MURRAY ATTN: CHARLES M. MURRAY 111 E. SHORELINE DR. SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>UNDETERMINED</b></div>
3.348	<b>Nonpriority creditor's name and mailing address</b>  SYNTHELLIS PERFORMANCE SOLUTIONS LLC PO BOX 931201 ATLANTA GA 31193  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$524.42</b></div>
3.349	<b>Nonpriority creditor's name and mailing address</b>  SYSMEX 28241 NETWORK PLACE CHICAGO IL 60673-1282  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$3,015.93</b></div>
3.350	<b>Nonpriority creditor's name and mailing address</b>  TECHNICORE PO BOX 1210 FINDLAY OH 45839  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$11,275.00</b></div>

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			Amount of claim
3.351	<b>Nonpriority creditor's name and mailing address</b>  THE CBORD GROUP INC 61 BROWN RD ITHACA NY 14850  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$30,673.94</div>
3.352	<b>Nonpriority creditor's name and mailing address</b>  THE DAISY FOUNDATION-720515276 11995 DUNBAR RD GLEN ELLEN CA 95442  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$135.00</div>
3.353	<b>Nonpriority creditor's name and mailing address</b>  THE JOINT COMMISSION PO BOX 734505 CHICAGO IL 60673-4506  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$11,515.00</div>
3.354	<b>Nonpriority creditor's name and mailing address</b>  THE TOLEDO CLINIC 4235 SECOR RD TOLEDO OH 43623  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$105,963.83</div>
3.355	<b>Nonpriority creditor's name and mailing address</b>  THE WICHMAN COMPANY ATTN: JIM LAGRANGE 7 NORTH WESTWOOD TOLEDO OH 43607  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;">\$1,378.25</div>

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			Amount of claim
3.356	<b>Nonpriority creditor's name and mailing address</b>  THERAGENICS CORPORATION PO BOX 531824 ATLANTA GA 30353-1824  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$6,867.00</b></div>
3.357	<b>Nonpriority creditor's name and mailing address</b>  THORBAHN, KAYLEAH ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$1,473.92</b></div>
3.358	<b>Nonpriority creditor's name and mailing address</b>  TIMOTHY ALAN BUIT ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>UNDETERMINED</b></div>
3.359	<b>Nonpriority creditor's name and mailing address</b>  TODD GROVES C/O STEPHEN P. GRIFFIN, MICHAEL J. KAHLENBURG 4051 WHIPPLE AVE. NW, STE. 201 CANTON OH 44718  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>UNDETERMINED</b></div>
3.360	<b>Nonpriority creditor's name and mailing address</b>  TOFT DAIRY INC ATTN: DWAYNE COLSTON PO BOX 2558 SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$155.58</b></div>

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3.361	<b>Nonpriority creditor's name and mailing address</b>  TOLEDO HOSPITAL-OUTSIDE SERVICES 100 MADISON AVE 2ND FLOOR TOLEDO OH 43604  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,600.00</b>
3.362	<b>Nonpriority creditor's name and mailing address</b>  TOLEDO MEDICAL TRANSCRIPTION, INC 7844 GALA DR. HOLLAND OH 43528  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$665.76</b>
3.363	<b>Nonpriority creditor's name and mailing address</b>  TOMLINSON, KATHERINE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,315.90</b>
3.364	<b>Nonpriority creditor's name and mailing address</b>  TONY'S LAWN CARE AND SNOW REMOVAL 7910 STACY RD SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,175.00</b>
3.365	<b>Nonpriority creditor's name and mailing address</b>  TORRENCE SOUND EQUIPMENT 29050 GLENWOOD RD PERRYSBURG OH 43551  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$304.35</b>

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3.366	<b>Nonpriority creditor's name and mailing address</b>  TOUCH MD 4221 W. BOY SCOUT BLVD TAMPA FL 33607  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$796.00</b>
3.367	<b>Nonpriority creditor's name and mailing address</b>  TOWN MONEY SAVER INC. PO BOX 1905 SANDUSKY OH 44870  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,920.50</b>
3.368	<b>Nonpriority creditor's name and mailing address</b>  TRAPP, LAURIE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,460.30</b>
3.369	<b>Nonpriority creditor's name and mailing address</b>  TRI ANIM HEALTH SERVICES 25197 NETWORK PLACE CHICAGO IL 60673-1251  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,068.12</b>
3.370	<b>Nonpriority creditor's name and mailing address</b>  TRIOSE INC PO BOX 749545 ATLANTA GA 30374-9545  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,740.49</b>

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3.371	<b>Nonpriority creditor's name and mailing address</b>  US FOODS, INC. ATTN: JAMIE ARMSRONG 9399 WEST HIGGINS ROAD SUITE 100 ROSEMONT IL 60018  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$4,828.35</b></div>
3.372	<b>Nonpriority creditor's name and mailing address</b>  UT PHYSICIANS MAIL STOP 840 TOLEDO OH 43615  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$66,249.99</b></div>
3.373	<b>Nonpriority creditor's name and mailing address</b>  UTAH MEDICAL PRODUCTS 7043 SOUTH 300 WEST MIDVALE UT 84047  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$167.89</b></div>
3.374	<b>Nonpriority creditor's name and mailing address</b>  VALENTINA GROVES C/O STEPHEN P. GRIFFIN, MICHAEL J. KAHLNBURG 4051 WHIPPLE AVE. NW, STE. 201 CANTON OH 44718  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>LITIGATION - INDIVIDUAL</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>UNDETERMINED</b></div>
3.375	<b>Nonpriority creditor's name and mailing address</b>  VALENTINE, NATHAN ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$3,134.25</b></div>

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3.376	<b>Nonpriority creditor's name and mailing address</b>  VAN DYKE, LINDA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$611.64</b>
<hr/>			
3.377	<b>Nonpriority creditor's name and mailing address</b>  VANTAGE HEALTHCARE OF OHIO LLC 5813 MONROE ST #170 SYLVANIA OH 43560  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,250.00</b>
<hr/>			
3.378	<b>Nonpriority creditor's name and mailing address</b>  VAPOTHERM INC PO BOX 933438 CLEVELAND OH 44193  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,408.16</b>
<hr/>			
3.379	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,353.19</b>
<hr/>			
3.380	<b>Nonpriority creditor's name and mailing address</b>  VERATHON MEDICAL PO BOX 935117 ATLANTA GA 31193-5117  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,949.24</b>

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3.381	<b>Nonpriority creditor's name and mailing address</b>  VERISYS INC. 9960 CORPORATE CAMPUS DR LOUISVILLE KY 40223  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,325.21</b></div>
3.382	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$1,937.25</b></div>
3.383	<b>Nonpriority creditor's name and mailing address</b>  VILEX INC. 111 MOFFITT ST. MCMINNIVILLE TN 37110  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$12,705.00</b></div>
3.384	<b>Nonpriority creditor's name and mailing address</b>  VISCOT MEDICAL LLC PO BOX 351 EAST HANOVER NJ 07936  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$421.40</b></div>
3.385	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; padding-top: 5px;"><b>\$172.29</b></div>



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3.386	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$1,812.97</div>
3.387	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$3,681.41</div>
3.388	<b>Nonpriority creditor's name and mailing address</b>  WADSWORTH SLAWSON NW 1500 MICHAEL OWENS WAY PERRYSBURG OH 43551  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$68,542.40</div>
3.389	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$670.26</div>
3.390	<b>Nonpriority creditor's name and mailing address</b>  WARNER DIESEL FILTRATION 2303 COLE CREEK DR NORWALK OH 44857  Date(s) debt was incurred <u>VARIOUS</u>  Last 4 digits of account number	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">\$1,600.00</div>

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3.391	<b>Nonpriority creditor's name and mailing address</b>  WEATHERBY LOCUMS INC PO BOX 972633 DALLAS TX 75397  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$111,802.62</b></div>
3.392	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$2,094.52</b></div>
3.393	<b>Nonpriority creditor's name and mailing address</b>  WELCH ALLYN, INC ATTN: GENERAL COUNSEL 4341 STATE ST RD PO BOX 220 SKANEATELES FALLS NY 13153-0220  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$19,407.60</b></div>
3.394	<b>Nonpriority creditor's name and mailing address</b>  WETOSKEY, NICOLE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$7,371.77</b></div>
3.395	<b>Nonpriority creditor's name and mailing address</b>  WIGTON, PATRICIA ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$391.58</b></div>

Debtor	<b>The Bellevue Hospital</b>	Case number (if known)	<b>25-30191</b>
	Name		

  

			Amount of claim
3.396	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$331.28</b></div>
3.397	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$0.32</b></div>
3.398	<b>Nonpriority creditor's name and mailing address</b>  WINTHROP, MICHAEL ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>DEFERRED COMPENSATION</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$492,054.09</b></div>
3.399	<b>Nonpriority creditor's name and mailing address</b>  WOLFF BROS. SUPPLY INC. PO BOX 933474 CLEVELAND OH 44193  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$66.67</b></div>
3.400	<b>Nonpriority creditor's name and mailing address</b>  WOMEN CERTIFIED INC PO BOX 550280 DAVIE FL 33355  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$5,400.00</b></div>

Debtor	<b>The Bellevue Hospital</b>	Case number (if known) <b>25-30191</b>
	Name	

  

			Amount of claim
3.401	<b>Nonpriority creditor's name and mailing address</b>  WON DOOR CO. ATTN: JEFF OLSEN 1865 S 3480 W SALT LAKE CITY UT 84104  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$464.00</b></div>
3.402	<b>Nonpriority creditor's name and mailing address</b>  WPS 625 ALASKA AVE TORRENCE CA 90503-5124  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$59.40</b></div>
3.403	<b>Nonpriority creditor's name and mailing address</b>  NAME ON FILE ADDRESS ON FILE  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>EMPLOYEE PTO ACCRUED GREATER THAN 180 DAYS</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$975.08</b></div>
3.404	<b>Nonpriority creditor's name and mailing address</b>  XODUS MEDICAL INC 702 PROMINENCE DRIVE NEW KENSINGTON PA 15068  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$8,962.19</b></div>
3.405	<b>Nonpriority creditor's name and mailing address</b>  ZENITH SYSTEMS LLC 5055 CORBIN DR BEDFORD HEIGHTS OH 44128  <b>Date(s) debt was incurred</b> <u>VARIOUS</u>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>TRADE</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<div style="border-top: 1px solid black; border-bottom: 3px double black; padding: 2px 0;"><b>\$18,281.29</b></div>

Debtor	<u>The Bellevue Hospital</u>	Case number (if known)	<u>25-30191</u>
	Name		
			Amount of claim
3.406	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$45,397.71</b>
	ZIMMER BIOMET 14235 COLLECTION DRIVE CHICAGO IL 60693	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date(s) debt was incurred</b> <u>VARIOUS</u>	<b>Basis for the claim:</b> <u>TRADE</u>	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed ?	Last 4 digits of account number, if any
4.1	RICHARD LEONARD C/O ICE MILLER LLP ATTN: JAMES D. CAMPBELL, ESQ. 250 WEST ST. COLUMBUS OH 43215	Line <u>3.296</u> <input type="checkbox"/> Not listed. Explain _____	
4.2	RUTH A. LEONARD C/O ICE MILLER LLP ATTN: JAMES D. CAMPBELL, ESQ. 250 WEST ST. COLUMBUS OH 43215	Line <u>3.301</u> <input type="checkbox"/> Not listed. Explain _____	

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$	505,036.14 plus undetermined amounts
5b. Total claims from Part 2	5b. +	\$	4,788,826.92 plus undetermined amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	5,293,863.06 plus undetermined amounts

**Fill in this information to identify the case:**Debtor name The Bellevue HospitalUnited States Bankruptcy Court for the: Northern District of Ohio (Canton)Case number (if known) 25-30191☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest OTHER AGREEMENT

State the term remaining UNDETERMINED

List the contract number of any government contract

1998 ANTHEM INSURANCE COMPANIES INC  
ATTN: GENERAL COUNSEL  
120 MONUMENT CIR  
INDIANAPOLIS IN 46204

2.2 State what the contract or lease is for and the nature of the debtor's interest SERVICES AGREEMENT

State the term remaining UNDETERMINED

List the contract number of any government contract

ABBOTT LABORATORIES, INC  
ATTN: GENERAL COUNSEL  
100 ABBOTT PARK ROAD  
ABBOTT PARK IL 60064

2.3 State what the contract or lease is for and the nature of the debtor's interest SERVICES AGREEMENT

State the term remaining UNDETERMINED

List the contract number of any government contract

ACCESSRN INC  
ATTN: CONTRACTS  
1540 S HOLLAND SYLVANIA  
STE 101  
MAUMEE OH 43537



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ADVANCED NEUROLOGIC ASSOCIATES INC  
ATTN: PRESIDENT  
6433 STATE ROUTE 113 E  
BELLEVUE OH 44811

2.5 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

AESCU LAP, INC  
ATTN: GENERAL COUNSEL  
3773 CORPORATE PARKWAY  
CENTER VALLEY PA 18034

2.6 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

AESTO HEALTH LLC D/B/A AESTO HEALTH  
ATTN: SHARON HELLER, CHIEF RISK OFFICER  
1800 INTERNATIONAL PARK DR  
STE 110  
BIRMINGHAM AL 35243

2.7 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

AESTO LLC D/B/A AESTO HEALTH  
ATTN: GENERAL COUNSEL  
1800 INTERNATIONAL PARK DR  
STE 110  
BIRMINGHAM AL 35243

2.8 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 33756

ALLSCRIPTS LLC  
ATTN: GENERAL COUNSEL  
24630 NETWORK PL  
CHICAGO IL 60673

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.9      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**      SA-014612.51

ALPHA IMAGING  
ATTN: GENERAL COUNSEL  
4455 GLENBROOK RD  
WILLOUGHBY OH 44094

2.10      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

ALPHA IMAGING  
ATTN: GENERAL COUNSEL  
4455 GLENBROOK RD  
WILLOUGHBY OH 44094

2.11      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**      493540

ALTERA DIGITAL HEALTH INC  
ATTN: GENERAL COUNSEL  
2429 MILITARY RD  
STE 300  
NIAGARA FALLS NY 14304

2.12      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

AMERICAN COLLEGE OF RADIOLOGY  
ATTN: VICTORIA O'BRIEN, NRDR DATA REGISTRIES ASSISTANT  
1891 PRESTON WHITE DR  
RESTON VA 20191

2.13      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      54 DAYS

**List the contract number of any government contract**

AMN HEALTHCARE INC.  
ATTN: GENERAL COUNSEL  
2999 OLYMPUS BLVD, SUITE 500  
COPPELL TX 75019

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.14      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ANGIODYNAMICS INC  
ATTN: GENERAL COUNSEL  
PO BOX 1549  
ALBANY NY 12201

2.15      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

AR SYSTEMS/DIAGNOSISPLUS INC  
ATTN: DAY EGUSQUIZA, PRESIDENT  
PO BOX 2521  
TWIN FALLS ID 83303

2.16      **State what the contract or lease is for and the nature of the debtor's interest**      PURCHASE/SALE AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ARUP LABORATORIES INC  
ATTN: GENERAL COUNSEL  
500 CHIPETA WAY  
SALT LAKE CITY UT 84108

2.17      **State what the contract or lease is for and the nature of the debtor's interest**      LICENSING AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ASHCOM TECHNOLOGIES INC  
ATTN: GENERAL COUNSEL  
3917 RESEARCH PARK DR  
STE B4  
ANN ARBOR MI 48108

2.18      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      906 DAYS

**List the contract number of any government contract**      45787

ATLANTA COMPUTER SALES INC  
ATTN: GENERAL COUNSEL  
1925 GRASSLAND PKWY  
ALPHARETTA GA 30004

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.19      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

AVEZEN LLC D/B/A TOUCHMD  
ATTN: GENERAL COUNSEL  
99 NORTH MAIN ST  
STE 7  
CEDAR CITY UT 84720

2.20      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BARD MEDICAL DIVISION  
ATTN: GENERAL COUNSEL  
8195 INDUSTRIAL BLVD.  
COVINGTON GA 30014

2.21      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BECKMAN COULTER  
ATTN: GENERAL COUNSEL  
250 SOUTH KRAEMER BOULEVARD  
BREA CA 92821-6232

2.22      **State what the contract or lease is for and the nature of the debtor's interest**      REAL ESTATE LEASE

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BELLEVUE HOSPITAL PAIN MANAGEMENT, LLC  
ATTN: GENERAL COUNSEL  
1400 W. MAIN ST  
BELLEVUE OH 44811

2.23      **State what the contract or lease is for and the nature of the debtor's interest**      REAL ESTATE LEASE

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BELLEVUE HOSPITAL PAIN MANAGEMENT, LLC  
ATTN: GENERAL COUNSEL  
1400 W. MAIN ST  
BELLEVUE OH 44811

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.24      **State what the contract or lease is for and the nature of the debtor's interest**      EQUIPMENT LEASE

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BELLEVUE HOSPITAL PAIN MANAGEMENT, LLC  
ATTN: GENERAL COUNSEL  
1400 W. MAIN ST  
BELLEVUE OH 44811

2.25      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BELLEVUE HOSPITAL PAIN MANAGEMENT, LLC  
ATTN: GENERAL COUNSEL  
1400 W. MAIN ST  
BELLEVUE OH 44811

2.26      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BIOFIRE DIAGNOSTICS LLC  
ATTN: GENERAL COUNSEL  
515 COLOROW WAY  
SALT LAKE CITY UT 84108

2.27      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BIZMATICS INC  
ATTN: GENERAL COUNSEL  
4010 MOORPARK AVE  
STE 222  
SAN JOSE CA 95117

2.28      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BIZMATICS INC  
ATTN: GENERAL COUNSEL  
4010 MOORPARK AVE  
STE 222  
SAN JOSE CA 95117

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.29      **State what the contract or lease is for and the nature of the debtor's interest**      OPERATING AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BLANCHARD VALLEY CONTINUING CARE SERVICES  
ATTN: GENERAL COUNSEL  
1900 SOUTH MAIN ST  
FINDLAY OH 45840

2.30      **State what the contract or lease is for and the nature of the debtor's interest**      OPERATING AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BLANCHARD VALLEY HEALTH SYSTEM  
ATTN: GENERAL COUNSEL  
1900 SOUTH MAIN ST  
FINDLAY OH 45840

2.31      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

BRAUN  
ATTN: GENERAL COUNSEL  
824 12TH AVENUE  
BETHLEHEM PA 18018

2.32      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

CARDINAL HEALTH 200, LLC  
ATTN: GENERAL COUNSEL  
7000 CARDINAL PLACE  
DUBLIN OH 43017

2.33      **State what the contract or lease is for and the nature of the debtor's interest**      EMPLOYMENT AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CARRIE A DICHIARO MD  
ATTN: GENERAL COUNSEL  
3629 HARTLAND PARKSIDE PL  
LEXINGTON KY 40515

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.34    **State what the contract or lease is for and the nature of the debtor's interest**    EMPLOYMENT AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

CARRIE A DICHIAO MD  
ATTN: GENERAL COUNSEL  
3629 HARTLAND PARKSIDE PL  
LEXINGTON KY 40515

2.35    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**    104080

CENTRAL EXTERMINATING COMPANY INC  
ATTN: GENERAL COUNSEL  
3202 ST CLAIR AVE  
CLEVELAND OH 44114

2.36    **State what the contract or lease is for and the nature of the debtor's interest**    LICENSING AGREEMENT

**State the term remaining**    222 DAYS

**List the contract number of any government contract**    INV71399

CH INTERMEDIATE HOLDINGS LLC D/B/A COREPOINT HEALTH  
LLC D/B/A LYNIATE  
ATTN: GENERAL COUNSEL  
3010 GAYLORD PKWY  
STE 320  
FRISCO TX 75034

2.37    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

CLINICAL COLLEAGUES INC  
ATTN: KURT D ZUMWALT  
1765 E NINE MILE RD  
STE 1-229  
PENSACOLA FL 32514

2.38    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

CLINICAL COMPUTER SYSTEMS INC  
ATTN: GENERAL COUNSEL  
715 TOLLGATE RD  
STE H  
ELGIN IL 60123

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.39      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CLINICAL COMPUTER SYSTEMS INC  
ATTN: KIM SELL  
715 TOLLGATE RD  
STE H  
ELGIN IL 60123

2.40      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

COLOPLAST  
ATTN: GENERAL COUNSEL  
1601 WEST RIVER ROAD, SUITE 304  
MINNEAPOLIS MN 55411

2.41      **State what the contract or lease is for and the nature of the debtor's interest**      OPERATING AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

COMMUNITY HOSPITALS AND WELLNESS CENTERS  
ATTN: GENERAL COUNSEL  
433 W HIGH ST  
BRYAN OH 43506

2.42      **State what the contract or lease is for and the nature of the debtor's interest**      OTHER AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

COMMUNITY INSURANCE COMPANY D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD  
ATTN: GENERAL COUNSEL  
6000 LOMBARDO CENTER  
STE 200  
SEVEN HILLS OH 44131

2.43      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

COMPREHENSIVE PURCHASING ALLIANCE LLC  
ATTN: GENERAL COUNSEL  
5050 BRADENTON AVE  
DUBLIN OH 43017



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.44      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CONCORDANCE HEALTHCARE SOLUTIONS LLC  
ATTN: GENERAL COUNSEL  
85 SHAFFER PARK DR  
TIFFIN OH 44883

2.45      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CONCORDANCE HEALTHCARE SOLUTIONS LLC  
ATTN: GENERAL COUNSEL  
85 SHAFFER PARK DR  
TIFFIN OH 44802

2.46      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

COVIDIEN  
C/O MEDTRONIC  
ATTN: GENERAL COUNSEL  
710 MEDTRONIC PARKWAY  
MINNEAPOLIS MN 55432-5604

2.47      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CPS SOLUTIONS LLC  
ATTN: GENERAL COUNSEL  
655 METRO PL SOUTH  
STE 450  
DUBLIN OH 43017

2.48      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CPS SUPPLY CHAIN SOLUTIONS LLC F/K/A PSI SUPPLY CHAIN SOLUTIONS LLC  
ATTN: LINDA GANNIES  
655 METRO PL SOUTH  
STE 450  
DUBLIN OH 43017

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.49      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CPS TELEPHARMACY INC  
ATTN: GENERAL COUNSEL  
1771 DIEHL RD  
STE 300  
NAPERVILLE IL 60563

2.50      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CPS TELEPHARMACY INC  
ATTN: GENERAL COUNSEL  
6409 QUAIL HOLLOW RD  
MEMPHIS TN 38120

2.51      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CPS TELEPHARMACY INC  
ATTN: GENERAL COUNSEL  
1771 DIEHL RD  
STE 300  
NAPERVILLE IL 60563

2.52      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

CPS TELEPHARMACY INC  
ATTN: GENERAL COUNSEL  
6409 QUAIL HOLLOW RD  
MEMPHIS TN 38120

2.53      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CROSSCHX INC  
ATTN: GENERAL COUNSEL  
100 EAST BROAD ST  
STE 1750  
COLUMBUS OH 43215

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.54      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

CURRANCE INC  
ATTN: JEFFREY MACDONALD  
15615 ALTON PKWY  
STE 450  
IRVINE CA 92618

2.55      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DANIELS SHARPSMART INC  
ATTN: GENERAL COUNSEL  
111 W JACKSON BLVD  
STE 1900  
CHICAGO IL 60604

2.56      **State what the contract or lease is for and the nature of the debtor's interest**      INSURANCE

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DELTA DENTAL OF OHIO  
ATTN: MATTHEW J MCPHERSON  
FIFTH THIRD CENTER  
STE 2600  
600 SUPERIOR AVE EAST  
CLEVELAND OH 44114

2.57      **State what the contract or lease is for and the nature of the debtor's interest**      INSURANCE

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DELTA DENTAL OF OHIO INC  
ATTN: GENERAL COUNSEL  
FIFTH THIRD CENTER  
600 SUPERIOR AVE EAST  
STE 2600  
CLEVELAND OH 44114

2.58      **State what the contract or lease is for and the nature of the debtor's interest**      INSURANCE

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DELTA DENTAL PLAN OF OHIO INC  
ATTN: GENERAL COUNSEL  
FIFTH THIRD CENTER  
600 SUPERIOR AVE EAST  
STE 2600  
CLEVELAND OH 44114

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.59      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DEPUY SYNTHES  
ATTN: GENERAL COUNSEL  
1690 RUSSELL RD  
PO BOX 1766  
PAOLI PA 19301

2.60      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

DEVICOR MEDICAL PRODUCTS INC  
ATTN: GENERAL COUNSEL  
300 E BUSINESS WAY 5TH FLOOR  
CINCINNATI OH 45241

2.61      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DEVICOR MEDICAL PRODUCTS INC D/B/A MAMMOTOME  
ATTN: GENERAL COUNSEL  
300 E-BUSINESS WAY, 5TH FLOOR  
CINCINNATI OH 45241

2.62      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DEVICOR MEDICAL PRODUCTS INC D/B/A MAMMOTOME  
ATTN: SERVICE DEPARTMENT  
300 E-BUSINESS WAY, 5TH FLOOR  
CINCINNATI OH 45241

2.63      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      288 DAYS

**List the contract number of any government contract**

DEVICOR MEDICAL PRODUCTS INC D/B/A MAMMOTOME  
ATTN: GENERAL COUNSEL  
300 E-BUSINESS WAY, 5TH FLOOR  
CINCINNATI OH 45241

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.64      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**      36987

DEVICOR MEDICAL PRODUCTS INC D/B/A MAMMOTOME  
ATTN: SERVICE DEPARTMENT  
300 E-BUSINESS WAY, 5TH FLOOR  
CINCINNATI OH 45241

2.65      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DEVOTED HEALTH INC  
ATTN: LEGAL DEPARTMENT  
221 CRESCENT ST  
STE 202  
WALTHAM MA 02453

2.66      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DEVOTED HEALTH INC  
ATTN: LEGAL DEPARTMENT  
221 CRESCENT ST  
STE 202  
WALTHAM MA 02453

2.67      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

DEWITT CONSTRUCTION LLC  
ATTN: GENERAL COUNSEL  
608 E MAIN ST  
BELLEVUE OH 44811

2.68      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DIRECT ENERGY BUSINESS LLC  
ATTN: GENERAL COUNSEL  
1001 LIBERTY AVE  
PITTSBURGH PA 15222

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.69    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

DIRECT ENERGY BUSINESS LLC  
ATTN: GENERAL COUNSEL  
1001 LIBERTY AVE  
PITTSBURGH PA 15222

2.70    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

DIRECT ENERGY BUSINESS MARKETING LLC  
ATTN: GENERAL COUNSEL  
1001 LIBERTY AVE  
PITTSBURGH PA 15222

2.71    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

DJO LLC  
ATTN: GENERAL COUNSEL  
2900 LAKE VISTA DR  
DALLAS TX 75067

2.72    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    43923

DOCUSIGN INC  
ATTN: GENERAL COUNSEL  
1301 2ND AVE  
STE 2000  
SEATTLE WA 98101

2.73    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

DOSERESPONSE ANTICOAGULATION SERVICES LLC  
ATTN: GENERAL COUNSEL  
142 DEER VALLEY DR  
SEWICKLEY PA 15143

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.74      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DOSERESPONSE LLC  
ATTN: GENERAL COUNSEL  
1860 BLAKE ST  
STE B101  
BELLEVUE OH 44811

2.75      **State what the contract or lease is for and the nature of the debtor's interest**      EMPLOYMENT AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DOUGLAS HOY MD  
ATTN: GENERAL COUNSEL  
472 CR 294  
CLYDE OH 43410

2.76      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      906 DAYS

**List the contract number of any government contract**

DRAGER INC  
ATTN: PRESIDENT  
3135 QUARRY RD  
TELFORD PA 18969

2.77      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

DRFIRSTCOM INC  
ATTN: GENERAL COUNSEL  
9420 KEY WEST AVE  
STE 101  
ROCKVILLE MD 20850

2.78      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EAGLE TELEMEDICINE LLC  
ATTN: CHIEF EXECUTIVE OFFICER  
280 INTERSTATE NORTH CIR SE  
STE 150  
ATLANTA GA 30339

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.79      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EAGLE TELEMEDICINE LLC  
ATTN: GENERAL COUNSEL  
280 INTERSTATE NORTH CIR SE  
STE 150  
ATLANTA GA 30339

2.80      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ECRI AND THE INSTITUTE FOR SAFE MEDICATION PRACTICES  
PSO  
ATTN: GENERAL COUNSEL  
ATTN: RANDAL S WHITE, CHIEF LEGAL OFFICER  
5200 BUTLER PIKE  
PLYMOUTH MEETING PA 19462

2.81      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

ECRI INSTITUTE  
ATTN: JEFF MILLER  
5200 BUTLER PIKE  
PLYMOUTH MEETING PA 19462

2.82      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

ECRI INSTITUTE  
ATTN: JEFF MILLER  
5200 BUTLER PIKE  
PLYMOUTH MEETING PA 19462

2.83      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

ECRI INSTITUTE  
ATTN: GENERAL COUNSEL  
5200 BUTLER PIKE  
PLYMOUTH MEETING PA 19462



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.84      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ELMWOOD ASSISTED LIVING AND SKILLED NURSING OF  
FREMONT  
ATTN: GENERAL COUNSEL  
1545 FANGBONER RD  
FREMONT OH 43420

2.85      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

EMD MILLIPORE CORPORATION  
ATTN: GENERAL COUNSEL  
400 SUMMIT DR  
BURLINGTON MA 01803

2.86      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

EMERGENCY CARE RESEARCH INSTITUTE D/B/A ECRI  
ATTN: GENERAL COUNSEL  
5200 BUTLER PIKE  
PLYMOUTH MEETING PA 19462

2.87      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EMERGENCY PROFESSIONAL SERVICES INC  
ATTN: GENERAL COUNSEL  
TEAM HEALTH  
265 BROOKVIEW CENTER WAY  
SUITE 400  
KNOXVILLE TN 37919

2.88      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EMERGENCY PROFESSIONAL SERVICES INC  
ATTN: PRESIDENT  
7123 PEARL RD  
STE 201  
MEDDLEBURG HEIGHTS OH 44130

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.89      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EMERGENCY PROFESSIONAL SERVICES INC  
ATTN: PRESIDENT  
7123 PEARL RD  
STE 201  
MIDDLEBURG HEIGHTS OH 44130

2.90      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EMERGENCY PROFESSIONAL SERVICES INC  
ATTN: GENERAL COUNSEL  
7123 PEARL RD  
STE 201  
MIDDLEBURG HEIGHTS OH 44130

2.91      **State what the contract or lease is for and the nature of the debtor's interest**      RETIREMENT BENEFITS AGREEMENT (PENSION, SERPS, ETC.)

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EMPOWER RETIREMENT LLC  
ATTN: GENERAL COUNSEL  
8515 E ORCHARD RD  
GREENWOOD VILLAGE CO 80111

2.92      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ENERGY CONTROL INC  
ATTN: GENERAL COUNSEL  
25477 SOUTHPOINT RD  
PERRYSBURG OH 43551

2.93      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**      40627

ENERGY CONTROL INC  
ATTN: GENERAL COUNSEL  
26477 SOUTHPOINT RD  
PERRYSBURG OH 43551

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.94      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ENVIRONMENTAL WATER LTD  
ATTN: GENERAL COUNSEL  
143 E WOOSTER ST STE B  
BOWLING GREEN OH 43402

2.95      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**

EPIPHANY HEALTHCARE  
ATTN: GENERAL COUNSEL  
4341 STATE ST RD  
SKANEATELES FALLS NY 13153

2.96      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      POTENTIALLY EXPIRED

**List the contract number of any government contract**      47572

EPIPHANY HEALTHCARE / WELCH ALLYN INC  
ATTN: GENERAL COUNSEL  
4341 STATE ST RD  
PO BOX 220  
SKANEATELES FALLS NY 13153

2.97      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

EPSTEIN BECKER & GREEN PC  
ATTN: GENERAL COUNSEL  
875 THIRD AVE  
NEW YORK NY 10022

2.98      **State what the contract or lease is for and the nature of the debtor's interest**      LICENSING AGREEMENT

**State the term remaining**      212 DAYS

**List the contract number of any government contract**      ESO-146635

ESO SOLUTIONS INC  
ATTN: GENERAL COUNSEL  
PO BOX 738310  
DALLAS TX 75373

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.99      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ESP GLOBAL LLC  
ATTN: GENERAL COUNSEL  
10205 US HWY 15-501  
UNIT 26-168  
SOUTHERN PINES NC 28387

2.100      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

ESP GLOBAL LLC  
ATTN: GENERAL COUNSEL  
10205 US HWY 15-501  
UNIT 26-168  
SOUTHERN PINES NC 28387

2.101      **State what the contract or lease is for and the nature of the debtor's interest**      FINANCING AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

FIFTH THIRD BANK NATIONAL ASSOCIATION  
ATTN: GENERAL COUNSEL  
38 FOUNTAIN SQUARE PLAZA  
CINCINNATI OH 45263

2.102      **State what the contract or lease is for and the nature of the debtor's interest**      CONFIDENTIALITY AGREEMENT

**State the term remaining**      623 DAYS

**List the contract number of any government contract**

FIRELANDS REGIONAL HEALTH SYSTEM  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.103      **State what the contract or lease is for and the nature of the debtor's interest**      SERVICES AGREEMENT

**State the term remaining**      UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.104 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: LEGAL DEPARTMENT, PRESIDENT & CEO  
1111 HAYES AVE  
SANDUSKY OH 44870

2.105 **State what the contract or lease is for and the nature of the debtor's interest** OTHER AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.106 **State what the contract or lease is for and the nature of the debtor's interest** FINANCING AGREEMENT

**State the term remaining** 145 DAYS

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.107 **State what the contract or lease is for and the nature of the debtor's interest** FINANCING AGREEMENT

**State the term remaining** 145 DAYS

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.108 **State what the contract or lease is for and the nature of the debtor's interest** FINANCING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.109 **State what the contract or lease is for and the nature of the debtor's interest** FINANCING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.110 **State what the contract or lease is for and the nature of the debtor's interest** EQUITY AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.111 **State what the contract or lease is for and the nature of the debtor's interest** EQUITY AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.112 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.113 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRELANDS REGIONAL MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.114 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIRST HEALTH GROUP CORP  
ATTN: PRESIDENT  
10260 MEANLEY DR  
SAN DIEGO CA 92131

2.115 **State what the contract or lease is for and the nature of the debtor's interest** RETIREMENT BENEFITS AGREEMENT (PENSION, SERPS, ETC.)

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FIS BUSINESS SYSTEM LLC  
ATTN: GENERAL COUNSEL  
347 RIVERSIDE AVE  
JACKSONVILLE FL 32202

2.116 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

FISHER HEALTHCARE, A DIVISION OF FISHER SCIENTIFIC COMPANY LLC  
ATTN: GENERAL COUNSEL  
168 THIRD AVENUE  
WALTHAM MA 02451

2.117 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS HEALTH  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.118 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS LLC  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.119 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CARE LLC  
ATTN: VP MEDICAL CARE & PROVIDER PRACTICES  
272 BENEDICT AVE  
NORWALK OH 44857

2.120 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.121 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER  
ATTN: PRESIDENT  
272 BENEDICT AVE  
NORWALK OH 44857

2.122 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.123 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER AND FISHER-TITUS LLC  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.124 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER AND FISHER-TITUS LLC  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.125 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER D/B/A FISHER-TITUS EXECUTIVE UROLOGY  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.126 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER D/B/A FISHER-TITUS EXECUTIVE UROLOGY  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.127 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FISHER-TITUS MEDICAL CENTER ON BEHALF OF FISHER-TITUS LLC  
ATTN: GENERAL COUNSEL  
272 BENEDICT AVE  
NORWALK OH 44857

2.128 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 27662

FORESIGHT IMAGING  
ATTN: GENERAL COUNSEL  
1 EXECUTIVE DR  
STE 202  
CHELMSFORD MA 01824

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.129 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FORTEC MEDICAL INC  
ATTN: GENERAL COUNSEL  
6245 HUDSON CROSSING PKWY  
HUDSON OH 44236

2.130 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

FORTEC MEDICAL INC  
ATTN: GENERAL COUNSEL  
6245 HUDSON CROSSING PKWY  
HUDSON OH 44236

2.131 **State what the contract or lease is for and the nature of the debtor's interest** EQUIPMENT LEASE

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

FORTEC MEDICAL INC  
ATTN: GENERAL COUNSEL  
6245 HUDSON CROSSING PARKWAY  
HUDSON OH 44236

2.132 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 45790

FORWARD ADVANTAGE INC  
ATTN: GENERAL COUNSEL  
7255 N FIRST ST  
STE 106  
FRESNO CA 93720

2.133 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

FORWARD ADVANTAGE INC  
ATTN: GENERAL COUNSEL  
7255 N FIRST STREET  
FRESNO CA 93720

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.134 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 45788

FORWARD ADVANTAGE INC  
ATTN: GENERAL COUNSEL  
7255 N FIRST ST  
STE 106  
FRESNO CA 93720

2.135 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

FORWARD ADVANTAGE INC  
ATTN: GENERAL COUNSEL  
7255 N FIRST STREET  
FRESNO CA 93720

2.136 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FRESHWORKS INC  
ATTN: GENERAL COUNSEL  
2950 S DELAWARE ST  
STE 201  
SAN MATEO CA 94403

2.137 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

FULTON COUNTY HEALTH CENTER  
ATTN: GENERAL COUNSEL  
5517 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.138 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

FULTON COUNTY HEALTH CENTER  
ATTN: GENERAL COUNSEL  
725 SOUTH SHOOP AVENUE  
WAUSEON OH 43567

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.139 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

GE HEALTHCARE  
ATTN: GENERAL COUNSEL  
5517 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.140 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 39332

GE HEALTHCARE IITS  
ATTN: GENERAL COUNSEL  
15724 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.141 **State what the contract or lease is for and the nature of the debtor's interest** EQUIPMENT LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** E146F9

GE HEALTHCARE, A DIVISION OF GENERAL ELECTRIC COMPANY  
ATTN: GENERAL COUNSEL  
9900 INNOVATION DR  
WAUWATOSA WI 53226

2.142 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES INC  
ATTN: GENERAL COUNSEL  
5517 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.143 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
2984 COLLECTIONS CENTER DR  
CHICAGO IL 60693

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.144 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 17598

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
5517 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.145 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 39332

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
2984 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.146 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
15724 COLLECTIONS CENTER DRIVE  
CHICAGO IL 60693

2.147 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 42939

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
2984 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.148 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
2984 COLLECTIONS CENTER DRIVE  
CHICAGO IL 60693

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.149 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 875 DAYS

**List the contract number of any government contract**

GE PRECISION HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
2984 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.150 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GENERAL ELECTRIC COMPANY  
ATTN: GENERAL COUNSEL  
1 NEUMANN WAY  
CINCINNATI OH 45215

2.151 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GETINGE USA SALES LLC  
ATTN: GENERAL COUNSEL  
1 GEOFFREY WAY  
WAYNE NJ 07470

2.152 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 4714

GLOBAL HEALTHCARE EXCHANGE LLC  
ATTN: GENERAL COUNSEL  
1315 CENTURY DR  
STE 100  
LOUISVILLE CO 80027

2.153 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** Quote: Q-00061970; Contract ID: C-6582

GLOBAL HEALTHCARE EXCHANGE LLC  
ATTN: GENERAL COUNSEL  
1315 CENTURY DR  
STE 100  
LOUISVILLE CO 80027

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.154 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GLOBAL HEALTHCARE EXCHANGE LLC  
ATTN: CUSTOMER CONTRACTS  
1315 W CENTURY DR  
STE 100  
LOUISVILLE CO 80027

2.155 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GLOBAL HEALTHCARE EXCHANGE LLC  
ATTN: CUSTOMER CONTRACTS  
1315 W CENTURY DR  
STE 100  
LOUISVILLE CO 80027

2.156 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GORDON FOOD SERVICE  
ATTN: GENERAL COUNSEL  
1300 GEZON PKWY SW  
WYOMING MI 49509

2.157 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GORDON FOOD SERVICE  
ATTN: GENERAL COUNSEL  
1300 GEZON PKWY SW  
WYOMING MI 49509

2.158 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

GOVERNMENT DATA SERVICES LLC  
ATTN: GENERAL COUNSEL  
3200 MARKET ST  
STE 102  
AKRON OH 44333

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.159    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    129 DAYS

**List the contract number of any government contract**

GREAT LAKES COMMUNITY ACTION PARTNERSHIP  
ATTN: GENERAL COUNSEL  
2317 COUNTRYSIDE DR  
FREMONT OH 43420

2.160    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

GREAT LAKES PHYSICIANS (GROUP)  
ATTN: GENERAL COUNSEL  
1400 WEST MAIN ST  
BELLEVUE OH 44811

2.161    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    1320710

GREATAMERICA FINANCIAL SERVICES CORPORATION  
ATTN: GENERAL COUNSEL  
625 FIRST ST SE  
CEDAR RAPIDS IA 52401

2.162    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    907 DAYS

**List the contract number of any government contract**

HART ADVERTISING OPERATED BY LAKE ERIE OUTDOOR GROUP LLC  
ATTN: GENERAL COUNSEL  
69-75 E SEMINARY ST  
NORWALK OH 44857

2.163    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

HART ADVERTISING OPERATED BY LAKE ERIE OUTDOOR GROUP LLC  
ATTN: GENERAL COUNSEL  
69-75 E SEMINARY ST  
NORWALK OH 44857



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.164 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HB MAGRUDER MEMORIAL HOSPITAL  
ATTN: GENERAL COUNSEL  
615 FULTON ST  
PORT CLINTON OH 43452

2.165 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

HEALTH INFORMATION ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
PO BOX 3787  
PAWLEYS ISLAND SC 29585

2.166 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

HEALTH INFORMATION ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
PO BOX 3787  
PAWLEYS ISLAND SC 29585

2.167 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

HEALTH INFORMATION ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
PO BOX 3787  
PAWLEYS ISLAND SC 29585

2.168 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 115 DAYS

**List the contract number of any government contract**

HEALTH INFORMATION ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
PO BOX 3787  
PAWLEYS ISLAND SC 29585

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.169    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

HEALTH VALUE MANAGEMENT INC D/B/A CHOICECARE NETWORK  
ATTN: PRESIDENT  
PO BOX 19013  
GREEN BAY WI 54307

2.170    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

HEALTHSMART PREFERRED CARE II LP  
ATTN: PRESIDENT  
7700 FORSYTH BLVD  
CLAYTON MO 63105

2.171    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

HEALTHSMART PREFERRED CARE II LP  
ATTN: PRESIDENT  
7700 FORSYTH BLVD  
CLAYTON MO 63105

2.172    **State what the contract or lease is for and the nature of the debtor's interest**    OPERATING AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

HENRY COUNTY HOSPITAL  
ATTN: GENERAL COUNSEL  
1600 EAST RIVERVIEW  
NAPOLEON OH 43545

2.173    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

HENSLER SURGICAL PRODUCTS LLC  
ATTN: GENERAL COUNSEL  
2420 SOUTH 17TH ST  
STE C  
WILMINGTON NC 28401

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.174 **State what the contract or lease is for and the nature of the debtor's interest** REAL ESTATE LEASE

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

HIRT COLL & HOY LTD  
ATTN: GENERAL COUNSEL  
PO BOX 303  
BELLEVUE OH 44811

2.175 **State what the contract or lease is for and the nature of the debtor's interest** REAL ESTATE LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HIRT COLLY & HOY LIMITED  
ATTN: GENERAL COUNSEL  
PO BOX 303  
BELLEVUE OH 44811

2.176 **State what the contract or lease is for and the nature of the debtor's interest** CONSULTING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HL4 CONSULTING LLC  
ATTN: DARRELL LENTZ  
2217 CARROLL RD  
BAY CITY MI 48708

2.177 **State what the contract or lease is for and the nature of the debtor's interest** CONSULTING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HL4 CONSULTING LLC  
ATTN: GENERAL COUNSEL  
2217 CARROLL RD  
BAY CITY MI 48708

2.178 **State what the contract or lease is for and the nature of the debtor's interest** CONSULTING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HL4 CONSULTING LLC  
ATTN: GENERAL COUNSEL  
2217 CARROLL RD  
BAY CITY MI 48708

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.179 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 34024

HOLOGIC INC  
ATTN: GENERAL COUNSEL  
24506 NETWORK PL  
CHICAGO IL 60673

2.180 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

HOLOGIC INC  
ATTN: GENERAL COUNSEL  
24506 NETWORK PLACE  
CHICAGO IL 60673

2.181 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 36 DAYS

**List the contract number of any government contract** Q-419559-1

HOOTSUITE INC  
ATTN: GENERAL COUNSEL  
111 EAST 5TH AVE  
VANCOUVER BC V5T 4L1  
CANADA

2.182 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HOSPITAL CARE GROUP PC  
ATTN: MARK F DRAPALA, CEO  
14417 ILLINOIS RD  
FORT WAYNE IN 46814

2.183 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HPM REVENUE CYCLE SERVICES LLC  
ATTN: GENERAL COUNSEL  
ATTN: GENERAL COUNSEL  
50 CHARLES LINDBERGH BLVD  
UNIONDALE NY 11553

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.184 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HUMANA MILITARY  
ATTN: GENERAL COUNSEL  
ATTN: GENERAL COUNSEL  
450 VETERANS MEMORIAL PKWY  
STE 7A  
EAST PROVIDENCE RI 02914

2.185 **State what the contract or lease is for and the nature of the debtor's interest** INSURANCE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

HUNTER CONSULTING COMPANY  
ATTN: ROSS HUNTER, VICE PRESIDENT  
6600 CLOUGH PIKE  
CINCINNATI OH 45244

2.186 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 25532

HYLAND SOFTWARE INC  
ATTN: GENERAL COUNSEL  
28500 CLEMENS RD  
WESTLAKE OH 44145

2.187 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 25002

HYLAND SOFTWARE INC  
ATTN: GENERAL COUNSEL  
28500 CLEMENS RD  
WESTLAKE OH 44145

2.188 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 11 DAYS

**List the contract number of any government contract** 18212\_v4

ICAD INC  
ATTN: LISA DAVIES, SALES MANAGER  
98 SPIT BROOK RD  
STE 100  
NASHUA NH 03062

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.189    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    11 DAYS

**List the contract number of any government contract**    39374

ICAD INC  
ATTN: GENERAL COUNSEL  
98 SPIT BROOK RD  
STE 100  
NASHUA NH 03062

2.190    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

ICAD INC  
ATTN: GENERAL COUNSEL  
98 SPIT BROOK RD  
NASHUA NH 03062

2.191    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

ICU MEDICAL SALES INC  
ATTN: CUSTOMER CONTRACTING  
600 NORTH FIELD DR  
LAKE FOREST IL 60045

2.192    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

ICU MEDICAL SALES INC  
ATTN: CUSTOMER CONTRACTING  
600 NORTH FIELD DR  
LAKE FOREST IL 60045

2.193    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

IMMACILATE CONCEPTION SCHOOL  
C/O BELLEVUE CITY SCHOOL  
ATTN: TREASURER  
125 NORTH ST  
BELLEVUE OH 44811

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.194 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 27452

IMPRIVATA  
ATTN: GENERAL COUNSEL  
10 MAGUIRE RD  
BLG 4  
LEXINGTONMA MA 02421

2.195 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 146 DAYS

**List the contract number of any government contract** INV350482

INJOY HEALTH EDUCATION  
ATTN: GENERAL COUNSEL  
7107 LA VISTA PL  
LONGMONT CO 80503

2.196 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

INNOVATIVE MEDICAL SYSTEMS LLC  
ATTN: GENERAL COUNSEL  
5653 WILLIAMSBURG CIR  
HUDSON OH 44236

2.197 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

INSIGHT  
ATTN: GENERAL COUNSEL  
6820 S HARL AVE  
TEMPE AZ 85283

2.198 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 221105307

INSIGHT GLOBAL FINANCE  
ATTN: GENERAL COUNSEL  
6820 S HARL AVE  
TEMPE AZ 85283

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.199 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 42943

INSIGHT GLOBAL FINANCE  
ATTN: GENERAL COUNSEL  
6820 S HARL AVE  
TEMPE AZ 85283

2.200 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 34101

INSIGHT GLOBAL FINANCE  
ATTN: GENERAL COUNSEL  
6820 S HARL AVE  
TEMPE AZ 85283

2.201 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 33417

INSIGHT GLOBAL FINANCE  
ATTN: GENERAL COUNSEL  
6820 S HARL AVE  
TEMPE AZ 85283

2.202 **State what the contract or lease is for and the nature of the debtor's interest** LICENSING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 6.01.005166

INTELLICURE INC  
ATTN: GENERAL COUNSEL  
2700 RESEARCH FOREST DR  
THE WOODLANDS TX 77381

2.203 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 42001176

INTUITIVE SURGICAL INC  
ATTN: GENERAL COUNSEL  
1020 KIFER RD  
SUNNYVALE CA 94086



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.204 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 42001176

INTUITIVE SURGICAL INC  
ATTN: GENERAL COUNSEL  
1020 KIFER RD  
SUNNYVALE CA 94086

2.205 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 42001176

INTUITIVE SURGICAL INC  
ATTN: GENERAL COUNSEL  
1020 KIFER RD  
SUNNYVALE CA 94086

2.206 **State what the contract or lease is for and the nature of the debtor's interest** OTHER AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ITX HEALTHCARE LLC  
ATTN: GENERAL COUNSEL  
129 E CRAWFORD ST  
STE 460  
FINDLAY OH 45840

2.207 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

JB ROOFING, A TECTA AMERICA CO LLC  
ATTN: GENERAL COUNSEL  
1480 SOUTH CR  
TIFFIN OH 44883

2.208 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

JESSICA MARIE RAPP DO  
ATTN: GENERAL COUNSEL  
1 JENNIFER WAY  
NORWALK OH 44857

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.209 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC  
ATTN: CONTRACT MANAGER, ENTERPRISE CONTRACTING  
1000 US HWY 202 SOUTH  
RARITAN NJ 08869

2.210 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 24485

JOHNSON CONTROLS FIRE PROTECTION LP  
ATTN: GENERAL COUNSEL  
DEPT CH10320  
PALATINE IL 60055

2.211 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

JOHNSON CONTROLS FIRE PROTECTION LP  
ATTN: GENERAL COUNSEL  
3661 BRIARFIELD BLVD  
STE 101  
MAUMEE OH 43537

2.212 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

JOINT COMMISSION RESOURCES INC  
ATTN: GENERAL COUNSEL  
ONE RENAISSANCE BLVD  
STE 401  
OAKBROOK TERRACE IL 60181

2.213 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

JUNIPER ADVISORY LLC  
ATTN: GENERAL COUNSEL  
110 NORTH WACKER DR  
STE 2500  
CHICAGO IL 60606

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.214 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

JUNIPER ADVISORY LLC  
ATTN: GENERAL COUNSEL  
110 NORTH WACKER DR  
STE 2500  
CHICAGO IL 60606

2.215 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KARASIK AND FAZIO LLC  
ATTN: DR GREGORY KARASIK  
157 CENTENNIAL DR  
BELLEVUE OH 44811

2.216 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KARL STORZ ENDOSCOPY-AMERICA, INC.  
ATTN: GENERAL COUNSEL  
2151 E. GRAND AVE  
EL SEGUNDO CA 90245

2.217 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KEY INNOVATIONS LLC  
ATTN: GENERAL COUNSEL  
PO BOX 354  
LOUISVILLE OH 44641

2.218 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KEY INNOVATIONS LLC  
ATTN: GENERAL COUNSEL  
PO BOX 354  
LOUISVILLE OH 44641

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.219 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KROLL RESTRUCTURING ADMINISTRATION LLC  
ATTN: LEGAL DEPARTMENT  
1 WORLD TRADE CENTER, 31ST FLOOR  
NEW YORK NY 10007

2.220 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KROLL RESTRUCTURING ADMINISTRATION LLC  
ATTN: GENERAL COUNSEL  
1 WORLD TRADE CENTER  
31ST FLOOR  
NEW YORK NY 10007

2.221 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 35915

KRONOS INC  
ATTN: GENERAL COUNSEL  
PO BOX 845765  
BOSTON MA 02284

2.222 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KRONOS INC  
ATTN: GENERAL COUNSEL  
900 CHELMSFORD STREET  
LOWELL MA 01851

2.223 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

KRONOS INC  
ATTN: GENERAL COUNSEL  
900 CHELMSFORD STREET  
LOWELL MA 01851

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.224 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

KRONOS INC  
ATTN: GENERAL COUNSEL  
900 CHELMSFORD STREET  
LOWELL MA 01851

2.225 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

LABORATORY CORPORATION OF AMERICA HOLDINGS  
ATTN: GENERAL COUNSEL  
531 SOUTH SPRING ST  
BURLINGTON NC 27215

2.226 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

LABORATORY SUPPLY COMPANY  
ATTN: GENERAL COUNSEL  
4310 CHEFS WAY  
STE 102  
LOUISVILLE KY 40218

2.227 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

LABORATORY SUPPLY COMPANY  
ATTN: GENERAL COUNSEL  
4310 CHEFS WAY  
STE 102  
LOUISVILLE KY 40218

2.228 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

LAKE BUSINESS PRODUCTS INC  
ATTN: GENERAL COUNSEL  
653 MINER RD  
HIGHLAND HEIGHTS OH 44143

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.229    **State what the contract or lease is for and the nature of the debtor's interest**    EMPLOYMENT AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

LEROY R EBERLY MD  
ATTN: GENERAL COUNSEL  
9052 PARKVIEW COURT  
LAKESIDE OH 43440

2.230    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    1,261 DAYS

**List the contract number of any government contract**

LIFE SAFETY ENTERPRISES INC  
ATTN: GENERAL COUNSEL  
4699 HAMANN PKWY  
WILLOUGHBY OH 44094

2.231    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

LIFE SAFETY SYSTEMS LLC  
ATTN: GENERAL COUNSEL  
10143 ROYALTON RD  
STE R  
NORTH ROYALTON OH 44133

2.232    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

LIFESTYLES  
ATTN: GENERAL COUNSEL  
30 PONDS SIDE DR  
FREMONT OH 43420

2.233    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

LUMENIS BE INC  
ATTN: GENERAL COUNSEL  
2077 GATEWAY PL  
STE 300  
SAN JOSE CA 95110

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.234 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 35413

LUMENIS INC  
ATTN: GENERAL COUNSEL  
5302 BETSY ROSS DR  
SANTA CLARA CA 95054

2.235 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

LUMENIS INC  
ATTN: GENERAL COUNSEL  
5302 BETSY ROSS DRIVE  
SANTA CLARA CA 95054

2.236 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 35414

LUMENIS INC  
ATTN: GENERAL COUNSEL  
5302 BETSY ROSS DR  
SANTA CLARA CA 95054

2.237 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

LUMENIS INC  
ATTN: GENERAL COUNSEL  
5302 BETSY ROSS DR  
SANTA CLARA CA 95054

2.238 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 45277

LUMENIS INC  
ATTN: GENERAL COUNSEL  
5302 BETSY ROSS DR  
SANTA CLARA CA 95054

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.239 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

LYNX EMS LLC  
ATTN: GENERAL COUNSEL  
4700 ASHWOOD DR  
STE 200  
CINCINNATI OH 45241

2.240 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MACRO HELIX LLC  
ATTN: GENERAL COUNSEL  
2 NATIONAL DATA PLAZA  
4TH FLOOR  
ATLANTA GA 30329

2.241 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MACRO HELIX LLC  
ATTN: GENERAL COUNSEL  
2 NATIONAL DATA PLAZA, 4TH FLOOR  
ATLANTA GA 30329

2.242 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MAGRUDER HOSPITAL  
ATTN: GENERAL COUNSEL  
615 FULTON ST  
PORT CLINTON OH 43452

2.243 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

MAGRUDER HOSPITAL  
ATTN: GENERAL COUNSEL  
615 FULTON STREET  
PORT CLINTON OH 43452



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.244 **State what the contract or lease is for and the nature of the debtor's interest** EQUIPMENT LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MAILFINANCE INC  
ATTN: GENERAL COUNSEL  
478 WHEELERS FARMS RD  
MILFORD CT 06461

2.245 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

MARC NADERER MD  
ATTN: GENERAL COUNSEL  
402 WEST MCPHERSON HWY  
CLYDE OH 43410

2.246 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

MARC NADERER MD  
ATTN: GENERAL COUNSEL  
402 WEST MCPHERSON HWY  
CLYDE OH 43410

2.247 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** 68 DAYS

**List the contract number of any government contract**

MARC NADERER MD  
ATTN: GENERAL COUNSEL  
1400 WEST MAIN ST  
BELLEVUE OH 44811

2.248 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MARC NADERER MD  
ATTN: GENERAL COUNSEL  
1400 WEST MAIN ST  
BELLEVUE OH 44811

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.249 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MARC NADERER MD  
ATTN: GENERAL COUNSEL  
1400 WEST MAIN ST  
BELLEVUE OH 44811

2.250 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** 694 DAYS

**List the contract number of any government contract**

MARC NADERER MD  
ATTN: GENERAL COUNSEL  
1400 WEST MAIN ST  
BELLEVUE OH 44811

2.251 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 39407

MARCO HELIX LLC  
ATTN: GENERAL COUNSEL  
PO BOX 742256  
ATLANTA GA 30374

2.252 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** NIS2036 01

MATRIX RISK MANAGEMENT SERVICES LLC  
ATTN: GENERAL COUNSEL  
125 PRESUMPSCOT ST  
FALMOUTH ME 04105

2.253 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 43595

MCG HEALTH LLC  
ATTN: GENERAL COUNSEL  
701 FIFTH AVE  
ST 4900  
SEATTLE WA 98104

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.254 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MCG HEALTH LLC  
ATTN: CONTRACTS DEPT  
901 FIFTH AVE  
STE 2000  
SEATTLE WA 98164

2.255 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MCKESSON LAB SERVICES  
ATTN: GENERAL COUNSEL  
9954 MAYLAND DR  
STE 4000  
RICHMOND VA 23233

2.256 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MCKESSON MEDICAL-SURGICAL INC  
ATTN: GENERAL COUNSEL  
9954 MAYLAND DR  
STE 4000  
RICHMOND VA 23233

2.257 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MCKESSON MEDICAL-SURGICAL INC  
ATTN: GENERAL COUNSEL  
1951 BISHOP LANE SUITE 300  
LOUISVILLE KY 40218

2.258 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 1,196 DAYS

**List the contract number of any government contract**

MCKESSON MEDICAL-SURGICAL INC  
ATTN: GENERAL COUNSEL  
9954 MAYLAND DR  
STE 4000  
RICHMOND VA 23233

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.259 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDACIST SOLUTIONS GROUP LLC  
ATTN: GENERAL COUNSEL  
PO BOX 892  
CHESHIRE CT 06410

2.260 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDACIST SOLUTIONS GROUP LLC  
ATTN: GENERAL COUNSEL  
PO BOX 892  
CHESHIRE CT 06410

2.261 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDACIST SOLUTIONS GROUP LLC  
ATTN: GENERAL COUNSEL  
PO BOX 892  
CHESHIRE CT 06410

2.262 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDALIST MANAGEMENT LLC  
ATTN: GENERAL COUNSEL  
540 OFFICENTER  
STE 150  
GAHANNA OH 43230

2.263 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDIALAB SOLUTIONS LLC  
ATTN: GENERAL COUNSEL  
PO BOX 847635  
BOSTON MA 02284

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.264 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDICAL INFORMATION TECHNOLOGY INC  
ATTN: GENERAL COUNSEL  
7 BLUE HILL RIVER RD  
CANTON MA 02021

2.265 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDICAL MUTUAL OF OHIO  
ATTN: GENERAL COUNSEL  
2060 EAST NINTH ST  
CLEVELAND OH 44115

2.266 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDICAL MUTUAL OF OHIO  
ATTN: GENERAL COUNSEL  
2060 EAST NINTH ST  
CLEVELAND OH 44115

2.267 **State what the contract or lease is for and the nature of the debtor's interest** OTHER AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDICAL MUTUAL OF OHIO  
ATTN: GENERAL COUNSEL  
2060 EAST NINTH ST  
CLEVELAND OH 44115

2.268 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDICAL MUTUAL OF OHIO  
ATTN: GENERAL COUNSEL  
2060 EAST NINTH ST  
CLEVELAND OH 44115

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.269    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

MEDICAL SOLUTION PROFESSIONALS  
ATTN: GENERAL COUNSEL  
540 OFFICE CENTER PL  
GAHANNA OH 43230

2.270    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

MEDKEEPER  
ATTN: GENERAL COUNSEL  
1860 BLAKE ST  
STE B101  
DENVER CO 80202

2.271    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

MEDLINE INDUSTRIES HOLDINGS LP  
ATTN: ALEX LIBERMAN, GENERAL COUNSEL  
THREE LAKES DR  
NORTHFIELD IL 60093

2.272    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

MEDLINE INDUSTRIES HOLDINGS LP  
ATTN: GENERAL COUNSEL  
THREE LAKES DR  
NORTHFIELD IL 60093

2.273    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

MEDLINE INDUSTRIES INC  
ATTN: GENERAL COUNSEL  
THREE LAKES DR  
NORTHFIELD IL 60093

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.274 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDLINE INDUSTRIES LP  
ATTN: ALEX LIBERMAN, GENERAL COUNSEL  
THREE LAKES DR  
NORTHFIELD IL 60093

2.275 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDLINE INDUSTRIES LP  
ATTN: GENERAL COUNSEL  
THREE LAKES DR  
NORTHFIELD IL 60093

2.276 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 43922

MEDPIPE MAINTENANCE  
ATTN: GENERAL COUNSEL  
PO BOX 541  
102 FREEDOM DR  
LAWRENCE PA 15055

2.277 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEDPIPE MAINTENANCE  
ATTN: GENERAL COUNSEL  
102 FREEDOM DR  
LAWRENCE PA 15055

2.278 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 43922

MEDPIPE MAINTENANCE  
ATTN: GENERAL COUNSEL  
PO BOX 541  
102 FREEDOM DR  
LAWRENCE PA 15055

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.279 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

MEDPIPE MAINTENANCE  
ATTN: GENERAL COUNSEL  
102 FREEDOM DR  
LAWRENCE PA 15055

2.280 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** #30804

MEDPIPE MAINTENANCE  
ATTN: GENERAL COUNSEL  
PO BOX 541  
LAWRENCE PA 15055

2.281 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

MEDTRONIC USA INC  
ATTN: GENERAL COUNSEL  
180 INTERNATIONAL DR  
PORTSMOUTH NH 03801

2.282 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEMORIAL HOSPITAL  
ATTN: GENERAL COUNSEL  
715 S TAFT AVE  
FREMONT OH 43420

2.283 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEMORIAL HOSPITAL  
ATTN: GENERAL COUNSEL  
715 S TAFT AVE  
FREMONT OH 43420



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.284 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEMORIAL PROFESSIONAL SERVICES  
PROMEDICA EAP  
ATTN: VICE PRESIDENT, OPERATIONS  
100 MADISON AVE  
TOLEDO OH 43604

2.285 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MEMORIAL PROFESSIONAL SERVICES LTD  
ATTN: VICE PRESIDENT, OPERATIONS  
PROMEDICA EMPLOYEE ASSISTANCE PROGRAM  
100 MADISON AVE  
TOLEDO OH 43604

2.286 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 44399

MERGE HEALTHCARE SOLUTIONS INC  
ATTN: GENERAL COUNSEL  
900 WALNUT RIDGE DR  
HARTLAND WI 53029

2.287 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 44399

MERGE HEALTHCARE SOLUTIONS INC  
ATTN: GENERAL COUNSEL  
900 WALNUT RIDGE DR  
HARTLAND WI 53029

2.288 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 28536

MERGE HEALTHCARE SOLUTIONS INC  
ATTN: GENERAL COUNSEL  
900 WALNUT RIDGE DR  
HARTLAND WI 53029

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.289 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** Q-53881-1

MERGE HEALTHCARE SOLUTIONS INC  
ATTN: GENERAL COUNSEL  
900 WALNUT RIDGE DR  
HARTLAND WI 53029

2.290 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** U-21252

MERGE HEALTHCARE SOLUTIONS INC  
ATTN: GENERAL COUNSEL  
900 WALNUT RIDGE DR  
HARTLAND WI 53029

2.291 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 35237

MGC DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
350 OAK GROVE PKWY  
ST PAUL MN 55127

2.292 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 35237

MGC DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
350 OAK GROVE PKWY  
ST PAUL MN 55127

2.293 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 40435

MGC DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
350 OAK GROVE PKWY  
ST PAUL MN 55127

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.294 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 40435

MGC DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
350 OAK GROVE PKWY  
ST PAUL MN 55127

2.295 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MICROAIRE SURGICAL INSTRUMENTS LLC  
ATTN: GENERAL COUNSEL  
3590 GRAND FORKS BLVD  
CHARLOTTESVILLE VA 22911

2.296 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MILLENNIA PATIENT SERVICES LLC  
ATTN: GENERAL COUNSEL  
5000 CENTREGREEN WAY  
STE 100  
CARY NC 27513

2.297 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MILLENNIA PATIENT SERVICES LLC D/B/A MILLENIA  
ATTN: GENERAL COUNSEL  
5000 CENTREGREEN WAY  
STE 100  
CARY NC 27513

2.298 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MOLINA HEALTHCARE OF OHIO INC  
ATTN: GENERAL COUNSEL  
200 OCEANGATE  
STE 100  
LONG BEACH CA 90802

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.299 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MOLINA HEALTHCARE OF OHIO INC  
ATTN: GENERAL COUNSEL  
200 OCEANGATE  
STE 100  
LONG BEACH CA 90802

2.300 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

MOLINA HEALTHCARE OF OHIO INC  
ATTN: PRESIDENT/CEO  
8101 N HIGH ST  
STE 180  
COLUMBUS OH 43235

2.301 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

NANOSONICS INC  
ATTN: GENERAL COUNSEL  
7205 E 87TH ST  
INDIANAPOLIS IN 46256

2.302 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** NIS2036 01

NATIONWIDE LIFE INSURANCE COMPANY  
ATTN: GENERAL COUNSEL  
ONE NATIONWIDE PLAZA  
COLUMBUS OH 43215

2.303 **State what the contract or lease is for and the nature of the debtor's interest** INSURANCE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** NIS 2036.01

NATIONWIDE LIFE INSURANCE COMPANY  
ATTN: GENERAL COUNSEL  
ONE NATIONWIDE PLAZA  
COLUMBUS OH 43215

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.304 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 445726

NAVEX GLOBAL INC  
ATTN: GENERAL COUNSEL  
5500 MEADOWS RD  
STE 500  
LAKE OSWEGO OR 97035

2.305 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NIHON KOHDEN  
ATTN: GENERAL COUNSEL  
15353 BARRANCA PKWY  
IRVINE CA 92618

2.306 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NIHON KOHDEN  
ATTN: GENERAL COUNSEL  
15353 BARRANCA PKWY  
IRVINE CA 92618

2.307 **State what the contract or lease is for and the nature of the debtor's interest** REAL ESTATE LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NOMS HEALTHCARE  
ATTN: JOSHUA FREDERICK, PRESIDENT & CEO  
ADMINISTRATIVE SERVICES  
3008 HAYES AVE  
SANDUSKY OH 44870

2.308 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTH COAST HEALTHCARE COLLABORATIVE LLC  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.309 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 694 DAYS

**List the contract number of any government contract**

NORTH COAST PROFESSIONAL COMPANY D/B/A FIRELANDS  
PHYSICIAN GROUP  
ATTN: GENERAL COUNSEL  
1111 HAYES AVE  
SANDUSKY OH 44870

2.310 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN LITHO OHIO  
ATTN: GENERAL COUNSEL  
A DELAWARE LIMITED LIABILITY COMPANY  
9010 STRADA STELL COURT  
STE 103  
NAPLES FL 34109

2.311 **State what the contract or lease is for and the nature of the debtor's interest** REAL ESTATE LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.312 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.313 **State what the contract or lease is for and the nature of the debtor's interest** PROMISSORY NOTE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.314 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.315 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: PRESIDENT & CEO  
3004 HAYES AVE  
SANDUSKY OH 44870

2.316 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.317 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.318 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.319    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.320    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

NORTHERN OHIO MEDICAL SPECIALISTS LLC  
ATTN: GENERAL COUNSEL  
102 COMMERCE PARK DR  
STE C  
BELLEVUE OH 44811

2.321    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

NORTHWEST OHIO SHARED SERVICES  
ATTN: GENERAL COUNSEL  
3230 CENTRAL PARK WEST DR  
STE 206  
TOLEDO OH 43617

2.322    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

NORTHWEST OHIO SHARED SERVICES  
ATTN: GENERAL COUNSEL  
3230 CENTRAL PARK WEST DR  
STE 206  
TOLEDO OH 43617

2.323    **State what the contract or lease is for and the nature of the debtor's interest**    OPERATING AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

NORWALK AREA HEALTH SYSTEMS INC  
ATTN: GENERAL COUNSEL  
FISHER - TITUS HEALTH  
272 BENEDICT AVE  
NORWALK OH 44857



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.324 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

NUANCE COMMUNICATIONS INC  
ATTN: GENERAL COUNSEL  
1 WAYSIDE RD  
BURLINGTON MA 01803

2.325 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NUVASIVE CLINICAL SERVICES MONITORING INC  
ATTN: GENERAL COUNSEL  
10275 LITTLE PATUXENT PKWY  
STE 300  
COLUMBIA MD 21044

2.326 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

NUVASIVE CLINICAL SERVICES MONITORING INC  
ATTN: LEGAL AFFAIRS  
10275 LITTLE PATUXENT PKWY  
STE 300  
COLUMBIA MD 21044

2.327 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

00600BIO-

OE MEYER CO  
ATTN: GENERAL COUNSEL  
3303 TIFFIN AVE  
SANDUSKY OH 44870

2.328 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OE MEYER CO  
ATTN: GENERAL COUNSEL  
3303 TIFFIN AVE  
SANDUSKY OH 44870

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.329 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OE MEYER CO  
ATTN: GENERAL COUNSEL  
3303 TIFFIN AVE  
SANDUSKY OH 44870

2.330 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 42791

OEC MEDICAL SYSTEMS INC, A GE HEALTHCARE BUSINESS  
ATTN: GENERAL COUNSEL  
5517 COLLECTIONS CENTER DR  
CHICAGO IL 60693

2.331 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 1481180-1

OHIO CAT  
ATTN: GENERAL COUNSEL  
3993 E ROYALTON RD  
BROADVIEW HEIGHTS OH 44147

2.332 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 39358

OHIO DEPARTMENT OF HEALTH  
ATTN: GENERAL COUNSEL  
BUREAU OF HEALTH IMPROVEMENT AND WELLNESS  
246 NORTH HIGH ST  
COLUMBUS OH 43215

2.333 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OHIO HEALTH CHOICE INC  
ATTN: GENERAL COUNSEL  
PO BOX 2090  
AKRON OH 44309

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.334 **State what the contract or lease is for and the nature of the debtor's interest** OTHER AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE  
ATTN: GENERAL COUNSEL  
HERITAGE HALL  
1 OHIO UNIVERSITY  
ATHENS OH 45701

2.335 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OHIO UNIVERSITY ON BEHALF OF THE OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE  
ATTN: GENERAL COUNSEL  
OFFICE OF THE EXECUTIVE DEAN  
HERITAGE HALL  
1 OHIO UNIVERSITY  
ATHENS OH 45701

2.336 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OLAH HEALTHCARE TECHNOLOGY LLC  
ATTN: GENERAL COUNSEL  
4215 WORTH AVE  
STE 310  
COLUMBUS OH 43219

2.337 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 44081

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
48 WOERD AVE  
WALTHAM MA 02453

2.338 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
48 WOERD AVE  
WALTHAM MA 02453

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.339 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 44081

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
48 WOERD AVE  
WALTHAM MA 02453

2.340 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 36467

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
48 WOERD AVE  
WALTHAM MA 02453

2.341 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 28894

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
3500 CORPORATE PKWY  
CENTER VALLEY PA 18034

2.342 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
3500 CORPORATE PARKWAY  
CENTER VALLEY PA 18034

2.343 **State what the contract or lease is for and the nature of the debtor's interest** EQUIPMENT LEASE

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
3500 CORPORATE PARKWAY  
CENTER VALLEY PA 18034

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.344 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** Q-00965447

OLYMPUS AMERICA INC  
ATTN: SERVICE CONTRACTS REAM  
3500 CORPORATE PKWY  
CENTER VALLEY PA 18034

2.345 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

OLYMPUS AMERICA INC  
ATTN: GENERAL COUNSEL  
3500 CORPORATE PKWY  
PO BOX 610  
CENTER VALLEY PA 18034

2.346 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** Q-01242810

OLYMPUS AMERICA INC  
ATTN: SERVICE CONTRACTS TEAM  
3500 CORPORATE PKWY  
CENTER VALLEY PA 18034

2.347 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** Q-01242810

OLYMPUS AMERICA INC  
ATTN: SERVICE CONTRACTS TEAM  
3500 CORPORATE PKWY  
CENTER VALLEY PA 18034

2.348 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 28893

OLYMPUS FINANCIAL SERVICES  
ATTN: GENERAL COUNSEL  
PO BOX 200183  
PITTSBURGH PA 15251

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.349    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    28888

OLYMPUS FINANCIAL SERVICES  
ATTN: GENERAL COUNSEL  
PO BOX 200183  
PITTSBURGH PA 15251

2.350    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

OMPC LLC  
ATTN: GENERAL COUNSEL  
809 GLENEAGLES CT  
STE 100  
TOWSON MD 21286

2.351    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

OMPC LLC  
ATTN: GENERAL COUNSEL  
809 GLENEAGLES CT  
STE 100  
TOWSON MD 21286

2.352    **State what the contract or lease is for and the nature of the debtor's interest**    OTHER AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

OPTUM  
ATTN: GENERAL COUNSEL  
11000 OPTUM CIR  
EDEN PRAIRIE MN 55344

2.353    **State what the contract or lease is for and the nature of the debtor's interest**    OTHER AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

OPTUM  
ATTN: GENERAL COUNSEL  
11000 OPTUM CIR  
EDEN PRAIRIE MN 55344

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.354 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

OPTUMHEALTH CARE SOLUTIONS LLC  
ATTN: CONTRACTS ADMINISTRATION  
11000 OPTUM CIR  
EDEN PRAIRIE MN 55344

2.355 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORGANOGENESIS INC  
ATTN: GENERAL COUNSEL  
10933 NORTH TORREY PINES RD  
LA JOLLA CA 92037

2.356 **State what the contract or lease is for and the nature of the debtor's interest** EQUIPMENT LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORGANOGENESIS INC  
ATTN: GENERAL COUNSEL  
10933 NORTH TORREY PINES RD  
LA JOLLA CA 92037

2.357 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

ORTHO-CLINICAL DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
1001 US ROUTE 202  
RARITAN NJ 08869

2.358 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHO-CLINICAL DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
1001 US ROUTE 202  
RARITAN NJ 08869

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.359 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHO-CLINICAL DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
1001 US ROUTE 202  
RARITAN NJ 08869

2.360 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHO-CLINICAL DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
1001 US ROUTE 202  
RARITAN NJ 08869

2.361 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHOPAEDIC INSTITUTE OF OHIO INC  
ATTN: PRESIDENT  
801 MEDICAL DR  
STE A  
LIMA OH 45804

2.362 **State what the contract or lease is for and the nature of the debtor's interest** REAL ESTATE LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHOPAEDIC INSTITUTE OF OHIO INC  
ATTN: GENERAL COUNSEL  
801 MEDICAL DR  
STE A  
LIMA OH 45804

2.363 **State what the contract or lease is for and the nature of the debtor's interest** REAL ESTATE LEASE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHOPAEDIC INSTITUTE OF OHIO INC  
ATTN: GENERAL COUNSEL  
801 MEDICAL DR  
STE A  
LIMA OH 45804



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.364 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ORTHOPAEDIC INSTITUTE OF OHIO INC  
ATTN: GENERAL COUNSEL  
801 MEDICAL DR  
STE A  
LIMA OH 45804

2.365 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PAIN MANAGEMENT GROUP LLC  
ATTN: GENERAL COUNSEL  
123 EAST CRAWFORD ST  
FINDLAY OH 45840

2.366 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PAIN MANAGEMENT GROUP LLC  
ATTN: GENERAL COUNSEL  
123 EAST CRAWFORD ST  
FINDLAY OH 45840

2.367 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PAIN MANAGEMENT GROUP LLC  
ATTN: GENERAL COUNSEL  
C/O JOHN L BOOKMYER  
123 E CRAWFORD ST  
FINDLAY OH 45840

2.368 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PAR EXCELLENCE SYSTEMS INC  
ATTN: GENERAL COUNSEL  
11500 NORTHLAKE DR  
CINCINNATI OH 45249

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.369    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PAR EXCELLENCE SYSTEMS INC  
ATTN: GENERAL COUNSEL  
11500 NORTHLAKE DR  
CINCINNATI OH 45249

2.370    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PAR EXCELLENCE SYSTEMS INC  
ATTN: GENERAL COUNSEL  
11500 NORTHLAKE DR  
CINCINNATI OH 45249

2.371    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PAR EXCELLENCE SYSTEMS INC  
ATTN: GENERAL COUNSEL  
11500 NORTHLAKE DR  
CINCINNATI OH 45249

2.372    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

PARAGON 28 INC  
ATTN: GENERAL COUNSEL  
14445 GRASSLANDS DR  
ENGLEWOOD CO 80112

2.373    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

PARAGON 28, INC  
ATTN: GENERAL COUNSEL  
14445 GRASSLANDS DR  
ENGLEWOOD CO 80112

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.374 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PARAMOUNT CARE INC  
ATTN: GENERAL COUNSEL  
1901 INDIAN WOOD CIR  
MAUMEE OH 43537

2.375 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PARAMOUNT CARE INC  
ATTN: PRESIDENT  
1901 INDIAN WOOD CIR  
MAUMEE OH 43537

2.376 **State what the contract or lease is for and the nature of the debtor's interest** OTHER AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PARAMOUNT HEALTHCARE  
ATTN: GENERAL COUNSEL  
1901 INDIAN WOOD CIR  
MAUMEE OH 43537

2.377 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

PARK PLACE TECHNOLOGIES LLC  
ATTN: GENERAL COUNSEL  
5910 LANDERBROOK DR  
STE 300  
MAYFIELD HEIGHTS OH 44124

2.378 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 1,606 DAYS

**List the contract number of any government contract** 45308

PEM FILINGS  
ATTN: GENERAL COUNSEL  
50 WATERBURY RD  
STE 357  
PROSPECT CT 06712

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.379    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PERFORMANCE HEALTH  
ATTN: GENERAL COUNSEL  
28100 TORCH PARKWAY SUITE 700  
WARRENVILLE IL 60555

2.380    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

PERRY PROTECH  
ATTN: GENERAL COUNSEL  
1089 FAIRINGTON DR  
SIDNEY OH 45365

2.381    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    29942

PERRY PROTECH  
ATTN: GENERAL COUNSEL  
1089 FAIRINGTON DR  
SIDNEY OH 45365

2.382    **State what the contract or lease is for and the nature of the debtor's interest**    EQUIPMENT LEASE

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

PERRY PROTECH  
ATTN: GENERAL COUNSEL  
1089 FAIRINGTON DR  
SIDNEY OH 45365

2.383    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    82 DAYS

**List the contract number of any government contract**

PERRY'S PLANTATION INC  
ATTN: GENERAL COUNSEL  
1400 SENECA INDUSTRIAL PKWY  
BELLEVUE OH 44811

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.384    **State what the contract or lease is for and the nature of the debtor's interest**    EMPLOYMENT AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PETER HIGHLANDER DPM  
ATTN: GENERAL COUNSEL  
217 YORKSHIRE PL  
BELLEVUE OH 44811

2.385    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PF2 EIS LLC  
ATTN: CONTRACT OPERATIONS  
5995 WINDWARD PKWY  
ALPHARETTA GA 30005

2.386    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    32868

PHILIPS HEALTHCARE  
ATTN: GENERAL COUNSEL  
PO BOX 3003  
BOTHELL WA 98041

2.387    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

PHILIPS HEALTHCARE  
ATTN: GENERAL COUNSEL  
22100 OTHELL EVERETT HIGHWAY  
BOTHELL WA 98041

2.388    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

PHILIPS HEALTHCARE  
ATTN: GENERAL COUNSEL  
22100 BOTHELL EVERETT HIGHWAY  
BOTHELL WA 98041

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.389    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PHILIPS HEALTHCARE  
ATTN: GENERAL COUNSEL  
ANDOVER BUSINESS CENTER / MS0400  
3000 MINUTEMAN ROAD  
ANDOVER MA 01810

2.390    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PIRAMAL CRITICAL CARE INC  
ATTN: GENERAL COUNSEL  
3950 SCHELDEN CIR  
BETHLEHEM PA 18017

2.391    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PIRAMAL CRITICAL CARE INC  
ATTN: GENERAL COUNSEL  
3950 SCHELDEN CIR  
BETHLEHEM PA 18017

2.392    **State what the contract or lease is for and the nature of the debtor's interest**    EQUIPMENT LEASE

**State the term remaining**    581 DAYS

**List the contract number of any government contract**    0040139613

PITNEY BOWES INC  
ATTN: GENERAL COUNSEL  
PO BOX 371887  
PITTSBURGH PA 15250

2.393    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PITNEY BOWES INC  
ATTN: GENERAL COUNSEL  
PO BOX 371887  
PITTSBURGH PA 15250

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.394 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

POOL LABORATORY ALLIANCE LLC  
ATTN: GENERAL COUNSEL  
1000 E 80TH PLACE  
STE 700  
MERRILLVILLE IN 46410

2.395 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 549 DAYS

**List the contract number of any government contract** 00002268-

POSEY PRODUCTS LLC  
ATTN: CONTRACTS DEPARTMENT  
570 ENTERPRISE DR  
NEENAH WI 54956

2.396 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

POWER DMS  
ATTN: GENERAL COUNSEL  
PO BOX 2468  
ORLANDO FL 32802

2.397 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 24475

POWER DMS  
ATTN: GENERAL COUNSEL  
PO BOX 2468  
ORLANDO FL 32802

2.398 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** Q-16001

POWERDMS  
ATTN: GENERAL COUNSEL  
101 S. GARLAND AVE. STE 300  
ORLANDO FL 32801

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.399    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PRECISION RADIOLOGY INC  
ATTN: MARK A BUEHLER II, MD, PRESIDENT  
PO BOX 527  
SANDUSKY OH 44871

2.400    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PRECISION RADIOLOGY INC  
ATTN: MARK A BUEHLER II, MD, PRESIDENT  
PO BOX 527  
SANDUSKY OH 44871

2.401    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: PRESIDENT  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.402    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.403    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.404 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.405 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.406 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.407 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.408 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.409    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.410    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.411    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.412    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.413    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.414 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.415 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.416 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.417 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.418 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.419 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.420 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER HEALTHCARE ALLIANCE LP, F/K/A PREMIER  
PURCHASING PARTNERS LP  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.421 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER INC  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.422 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER INC  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

2.423 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PREMIER INC  
ATTN: GENERAL COUNSEL  
13034 BALLANTYNE CORPORATE PL  
CHARLOTTE NC 28277

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.424 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

PRESS GANEY ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
404 COLUMBIA PL  
SOUTH BEND IN 46601

2.425 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PRESS GANEY ASSOCIATES INC  
ATTN: CONTRACTS DEPT  
404 COLUMBIA PL  
SOUTH BEND IN 46601

2.426 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PRESS GANEY ASSOCIATES LLC  
ATTN: GENERAL COUNSEL  
BOX 88335  
MILWAUKEE WI 53288

2.427 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 38977

PROGNOCIS  
ATTN: GENERAL COUNSEL  
4010 MOORPARK AVE  
STE 222  
SAN JOSE CA 95117

2.428 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

PROMEDICA PHYSICIAN GROUP INC  
ATTN: GENERAL COUNSEL  
100 MADISON AVE  
TOLEDO OH 43604

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.429    **State what the contract or lease is for and the nature of the debtor's interest**    REAL ESTATE LEASE

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PROMEDICA PHYSICIAN GROUP INC  
ATTN: GENERAL COUNSEL  
100 MADISON AVE  
TOLEDO OH 43604

2.430    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PROMEDICA TOLEDO CHILDREN'S HOSPITAL  
ATTN: GENERAL COUNSEL  
2142 NORTH COVE BLVD  
TOLEDO OH 43606

2.431    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

PROVISION SECURITY SOLUTIONS LLC  
ATTN: GENERAL COUNSEL  
111 WEIR DR  
WOODBURY MN 55125

2.432    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

QUADAX INC  
ATTN: CHIEF OPERATING OFFICER  
7500 OLD OAK BLVD  
CLEVELAND OH 44130

2.433    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

QUADAX INC  
ATTN: ATTN: ANTHONY W PETRAS, CHIEF OPERATING OFFICER  
7500 OLD OAK BLVD  
CLEVELAND OH 44130

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.434 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

QUIDEL CORPORATION  
ATTN: GENERAL COUNSEL  
9975 SUMMERS RIDGE RD  
SAN DIEGO CA 92121

2.435 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 42773

QUIDEL CORPORATION  
ATTN: GENERAL COUNSEL  
9975 SUMMERS RIDGE RD  
SAN DIEGO CA 92121

2.436 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 353 DAYS

**List the contract number of any government contract**

QUIDEL CORPORATION  
ATTN: GENERAL COUNSEL  
9975 SUMMERS RIDGE RD  
SAN DIEGO CA 92121

2.437 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** MS3065-R1

RADIOMETER AMERICA INC  
ATTN: GENERAL COUNSEL  
250 S KRAEMER BLVD  
MS B1 SW11  
BREA CA 92821

2.438 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

REACHLOCAL  
ATTN: GENERAL COUNSEL  
6111 W PLANO PKWY  
STE 1000  
PLANO TX 75093

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.439 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 24776

REALVNC LTD  
ATTN: GENERAL COUNSEL  
BETJEMAN HOUSE  
104 HILLS RD  
CAMBRIDGE CB2 1LQ  
UNITED KINGDOM

2.440 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

RECONDO TECHNOLOGY INC  
ATTN: GENERAL COUNSEL  
7900 E UNION AVE  
STE 400  
DENVER CO 80237

2.441 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

REINO LINEN SERVICE INC  
ATTN: DAN DARR, PRESIDENT  
119 SOUTH MAIN ST  
GIBSONBURG OH 43431

2.442 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

RELAYHEALTH, A DIVISION OF MCKESSON TECHNOLOGIES INC  
ATTN: GENERAL COUNSEL  
THE PRENTICE-HALL CORPORATION SYSTEM INC  
251 LITTLE FALLS DR  
WILMINGTON DE 19808

2.443 **State what the contract or lease is for and the nature of the debtor's interest** INSURANCE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

RELIANCE STANDARD LIFE INSURANCE  
ATTN: GENERAL COUNSEL  
1700 MARKET ST  
STE 1200  
PHILADELPHIA PA 19103



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.444 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 329 DAYS

**List the contract number of any government contract**

RELIANCE STANDARD LIFE INSURANCE  
ATTN: GENERAL COUNSEL  
1700 MARKET ST  
STE 1200  
PHILADELPHIA PA 19103

2.445 **State what the contract or lease is for and the nature of the debtor's interest** INSURANCE

**State the term remaining** 329 DAYS

**List the contract number of any government contract**

RELIANCEMATRIX  
ATTN: GENERAL COUNSEL  
1700 MARKET ST  
STE 1200  
PHILADELPHIA PA 19103

2.446 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** A239595607

REPUBLIC SERVICES  
ATTN: GENERAL COUNSEL  
FULTZ MED OFFICE BLDG  
1005 W MCPHERSON HWY  
CLYDE OH 43410

2.447 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** A228283629

REPUBLIC SERVICES  
ATTN: GENERAL COUNSEL  
FULTZ MED OFFICE BLDG  
1005 W MCPHERSON HWY  
CLYDE OH 43410

2.448 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** A239565144

REPUBLIC SERVICES  
ATTN: GENERAL COUNSEL  
FULTZ MED OFFICE BLDG  
1005 W MCPHERSON HWY  
CLYDE OH 43410

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.449    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    45782

REVENUE MANAGEMENT GROUP INC D/B/A KEYBRIDGE MEDICAL  
REVENUE CARE  
ATTN: GENERAL COUNSEL  
2348 BATON ROUGE AVE  
LIMA OH 45805

2.450    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

REVENUE MANAGEMENT GROUP INC D/B/A KEYBRIDGE MEDICAL  
REVENUE CARE  
ATTN: GENERAL COUNSEL  
SCOTT KOENIG, PRESIDENT  
2348 BATON ROUGE AVE  
LIMA OH 45805

2.451    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES INC  
ATTN: DOUGLAS READER, MD, PRESIDENT  
100 E CAMPUS VIEW BLVD  
STE 100  
COLUMBUS OH 43235

2.452    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES INC  
ATTN: DOUGLAS READER, MD, PRESIDENT  
100 E CAMPUS VIEW BLVD  
STE 100  
COLUMBUS OH 43235

2.453    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
100 E CAMPUS VIEW BLVD  
STE 100  
COLUMBUS OH 43235

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.454 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
100 E CAMPUS VIEW BLVD  
STE 100  
COLUMBUS OH 43235

2.455 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ROBERT SEESE MD  
ATTN: GENERAL COUNSEL  
1603 A TURNBERRY DR  
PICKERINGTON OH 43147

2.456 **State what the contract or lease is for and the nature of the debtor's interest** PROMISSORY NOTE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ROBERT SEESE MD  
ATTN: GENERAL COUNSEL  
1603 A TURNBERRY DR  
PICKERINGTON OH 43147

2.457 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ROBERT SEESE MD  
ATTN: GENERAL COUNSEL  
1603 A TURNBERRY DR  
PICKERINGTON OH 43147

2.458 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 1018851

ROCHE DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
9115 HAGUE RD  
BLDG B  
INDIANAPOLIS IN 46250

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.459 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 44398

ROCHE DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
9115 HAGUE RD  
BLDG B  
INDIANAPOLIS IN 46250

2.460 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ROCHE DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
9115 HAGUE RD  
BLDG B  
INDIANAPOLIS IN 46250

2.461 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

ROCHE DIAGNOSTICS CORPORATION  
ATTN: GENERAL COUNSEL  
9115 HAGUE ROAD,  
INDIANAPOLIS IN 46250

2.462 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SANDUSKY COUNTY PAIN MANAGEMENT LLC  
ATTN: GENERAL COUNSEL  
FOUR SEAGATE, 9TH FLOOR  
TOLEDO OH 43551

2.463 **State what the contract or lease is for and the nature of the debtor's interest** INSURANCE

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SAVAGE & ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
655 BEAVER CREEK CIR  
MAUMEE OH 43537

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.464    **State what the contract or lease is for and the nature of the debtor's interest**    INSURANCE

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SAVAGE & ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
655 BEAVER CREEK CIR  
MAUMEE OH 43537

2.465    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SAVAGE & ASSOCIATES INC  
ATTN: GENERAL COUNSEL  
655 BEAVER CREEK CIR  
MAUMEE OH 43537

2.466    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SCHAAF DRUGS LLC  
ATTN: GENERAL COUNSEL  
1475 E 86TH ST  
STE 200  
INDIANAPOLIS IN 46240

2.467    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SCHAAF DRUGS LLC  
ATTN: GENERAL COUNSEL  
1475 E 86TH ST  
STE 200  
INDIANAPOLIS IN 46240

2.468    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**    24052

SCHILL GROUNDS MANAGEMENT  
ATTN: J SCHILL  
5000 MILLS INDUSTRIAL PKWY  
NORTH RIDGEVILLE OH 44039

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.469    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SCHINDLER ELEVATOR CORPORATION  
ATTN: GENERAL COUNSEL  
1530 TIMBERWOLF DR  
STE B  
HOLLAND OH 43528

2.470    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    115 DAYS

**List the contract number of any government contract**    0499836-IN

SCHMIDT SECURITY PRO  
ATTN: GENERAL COUNSEL  
241 MANSFIELD INDUSTRIAL PKWY  
MANSFIELD OH 44903

2.471    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

SENECA MEDICAL INC  
ATTN: GENERAL COUNSEL  
85 SHAFFER PARK DR  
TIFFIN OH 44883

2.472    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

SENECA MEDICAL LLC  
ATTN: GENERAL COUNSEL  
85 SHAFFER PARK DR  
TIFFIN OH 44883

2.473    **State what the contract or lease is for and the nature of the debtor's interest**    EMPLOYMENT AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SHAIKH FAWWAD MD  
ATTN: GENERAL COUNSEL  
2354 GOLDENROD LN  
PERRYSBURG OH 43551

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.474 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SHAIKH FAWWAD MD  
ATTN: GENERAL COUNSEL  
2354 GOLDENROD LN  
PERRYSBURG OH 43551

2.475 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SHAIKH FAWWAD MD  
ATTN: GENERAL COUNSEL  
2354 GOLDENROD LN  
PERRYSBURG OH 43551

2.476 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 12837380

SHRED-IT USA LLC  
ATTN: GENERAL COUNSEL  
28161 N KEITH DR  
LAKE FOREST IL 60045

2.477 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
511 BENEDICT AVE  
TARRYTOWN NY 10591

2.478 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
1717 DEERFIELD RD  
DEERFIELD IL 60015

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.479 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
115 NORWOOD PARK SOUTH  
NORWOOD MA 02062

2.480 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 125 DAYS

**List the contract number of any government contract** 34966

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
PO BOX 121102  
DALLAS TX 75312

2.481 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 132 DAYS

**List the contract number of any government contract**

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
221 GREGSON DIVE  
CARY NC 27511

2.482 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 1,220 DAYS

**List the contract number of any government contract**

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
PO BOX 121102  
DALLAS TX 75312

2.483 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 969

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
115 NORWOOD PARK SOUTH  
NORWOOD MA 02062



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.484 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 184256-4

SIEMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
PO BOX 121102  
DALLAS TX 75312

2.485 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 230 DAYS

**List the contract number of any government contract** 1-TRWK34

SIEMENS MEDICAL SOLUTIONS USA INC  
ATTN: GENERAL COUNSEL  
40 LIBERTY BLVD  
MALVERN PA 19355

2.486 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SIEMENS MEDICAL SOLUTIONS USA INC  
ATTN: GENERAL COUNSEL  
2501 N BARRINGTON ROAD  
HOFFMAN ESTATES IL 60192

2.487 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 663 DAYS

**List the contract number of any government contract** 37598

SIEMENS MEDICAL SOLUTIONS USA INC  
ATTN: GENERAL COUNSEL  
40 LIBERTY BLVD  
MALVERN PA 19355

2.488 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 663 DAYS

**List the contract number of any government contract** 37599

SIEMENS MEDICAL SOLUTIONS USA INC  
ATTN: GENERAL COUNSEL  
40 LIBERTY BLVD  
MALVERN PA 19355

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.489    **State what the contract or lease is for and the nature of the debtor's interest**    PURCHASE/SALE AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SIMENS HEALTHCARE DIAGNOSTICS INC  
ATTN: GENERAL COUNSEL  
115 NORWOOD PARK SOUTH  
NORWOOD MA 02062

2.490    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**    45299

SODEXO OPERATIONS LLC  
ATTN: GENERAL COUNSEL  
PO BOX 360170  
PITTSBURGH PA 15251

2.491    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    1,606 DAYS

**List the contract number of any government contract**    45309

SPECTRACORP TECHNOLOGIES GROUP  
ATTN: GENERAL COUNSEL  
8131 LBJ FREEWAY  
STE 360  
DALLAS TX 75251

2.492    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    237 DAYS

**List the contract number of any government contract**    41312022

SPEED WRENCH INC  
SPEED-TECH EQUIPMENT  
ATTN: GENERAL COUNSEL  
3364 QUINCY ST  
HUDSONVILLE MI 49426

2.493    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**    413121022

SPEED WRENCH INC  
ATTN: GENERAL COUNSEL  
3364 QUINCY ST  
HUDSONVILLE MI 49426

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.494 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 413121022

SPEED WRENCH INC  
ATTN: GENERAL COUNSEL  
3364 QUINCY ST  
HUDSONVILLE MI 49426

2.495 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SPINAL ELEMENTS INC  
ATTN: GENERAL COUNSEL  
3115 MELROSE DR  
STE 200  
CARLSBAD CA 92010

2.496 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SPINAL ELEMENTS INC  
ATTN: GENERAL COUNSEL  
3115 MELROSE DR  
STE 200  
CARLSBAD CA 92010

2.497 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SPINAL ELEMENTS INC  
ATTN: GENERAL COUNSEL  
3115 MELROSE DR  
STE 200  
CARLSBAD CA 92010

2.498 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SPINAL ELEMENTS INC  
ATTN: GENERAL COUNSEL  
3115 MELROSE DR  
STE 200  
CARLSBAD CA 92010

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.499    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

SPORT VIEW TELEVISION LLC  
ATTN: GENERAL COUNSEL  
7699 LOCHLIN DR  
BRIGHTON MI 48116

2.500    **State what the contract or lease is for and the nature of the debtor's interest**    OPERATING AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

ST LUKE'S HOSPITAL  
ATTN: GENERAL COUNSEL  
5901 MONCLAVA RD  
MAUMEE OH 43537

2.501    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    333 DAYS

**List the contract number of any government contract**

STANDARD ENERGY CORPORATION  
ATTN: LARRY FREEMAN AND NAN HAMILTON  
1077 CELESTIAL ST  
STE 110  
CINCINNATI OH 45202

2.502    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

STANDARD ENERGY CORPORATION  
ATTN: GENERAL COUNSEL  
1077 CELESTIAL ST  
STE 110  
CINCINNATI OH 45202

2.503    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

STAPLES  
ATTN: GENERAL COUNSEL  
500 STAPLES DRIVE  
FRAMINGHAM MA 01702

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.504 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

STATE COLLECTION & RECOVERY SERVICES LLC  
ATTN: CARMELO DELGADO, JR  
136 NORTH RIDGE ST  
STE B  
MONROEVILLE OH 44847

2.505 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

STERICYCLE INC  
ATTN: CONTRACTS  
2355 WAUKEGAN RD  
BANNOCKBURN IL 60015

2.506 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

STERICYCLE INC  
ATTN: CONTRACTS  
2355 WAUKEGAN RD  
BANNOCKBURN IL 60015

2.507 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

STERICYCLE INC  
ATTN: CONTRACTS  
2355 WAUKEGAN RD  
BANNOCKBURN IL 60015

2.508 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

STERICYCLE INC  
ATTN: CONTRACTS  
2355 WAUKEGAN RD  
BANNOCKBURN IL 60015

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.509 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** SV1246

STERICYCLE INC  
ATTN: GENERAL COUNSEL  
4010 COMMERCIAL AVE  
NORTHBROOK IL 60062

2.510 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 1-5009654582/6

STERIS CORPORATION  
ATTN: GENERAL COUNSEL  
5960 HEISLEY RD  
MENTOR OH 44060

2.511 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 29764

STERIS CORPORATION  
ATTN: GENERAL COUNSEL  
5960 HEISLEY RD  
MENTOR OH 44060

2.512 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 1-5009654582/4

STERIS CORPORATION  
ATTN: GENERAL COUNSEL  
PO BOX 644063  
PITTSBURGH PA 15264

2.513 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 34726

STERIS CORPORATION  
ATTN: GENERAL COUNSEL  
PO BOX 644063  
PITTSBURGH PA 15264

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.514 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

STRYKER SALES CORP  
ATTN: GENERAL COUNSEL  
4100 E MILHAM AVE  
KALAMAZOO MI 49001

2.515 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

STRYKER SALES CORP  
ATTN: LEGAL COUNSEL  
1901 ROMENCE RD PKWY  
PORTAGE MI 49002

2.516 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** PP10086009

STRYKER SALES CORP  
ATTN: GENERAL COUNSEL  
4100 E MILHAM AVE  
KALAMAZOO MI 49001

2.517 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** PP10086009

STRYKER SALES CORP  
ATTN: GENERAL COUNSEL  
4100 E MILHAM AVE  
KALAMAZOO MI 49001

2.518 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

SUMMA HEALTH NETWORK LLC  
ATTN: GENERAL COUNSEL  
10 NORTH MAIN ST  
PO BOX 3620  
AKRON OH 44309

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.519    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SUMMACARE INC  
ATTN: GENERAL COUNSEL  
10 NORTH MAIN ST  
PO BOX 3620  
AKRON OH 44309

2.520    **State what the contract or lease is for and the nature of the debtor's interest**    OTHER AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SUMMACARE INC  
ATTN: GENERAL COUNSEL  
1200 EAST MARKET ST  
STE 400  
AKRON OH 44305

2.521    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SUPERIOR AIR-GROUND AMBULANCE SERVICE OF MICHIGAN INC  
ATTN: GENERAL COUNSEL  
395 W LAKE ST  
ELMHURST IL 60126

2.522    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SUPERIOR AIR-GROUND AMBULANCE SERVICE OF OHIO INC  
ATTN: MARY FRANCO & KIRA MENDRICK  
395 W LAKE ST  
ELMHURST IL 60126

2.523    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

SYMPLR HEALTHSOURCE HR INC  
ATTN: GENERAL COUNSEL  
315 CAPITOL ST  
STE 100  
HOUSTON TX 77002



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.524 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 34105

SYSAID TECHNOLOGIES LTD  
ATTN: GENERAL COUNSEL  
303 WYMAN ST  
STE 300  
WALTHAM MA 02451

2.525 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

SYSAID TECHNOLOGIES LTD  
ATTN: GENERAL COUNSEL  
303 WYMAN ST  
STE 300  
WALTHAM MA 02451

2.526 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 192 DAYS

**List the contract number of any government contract** 51033506

SYSMEX AMERICA INC  
ATTN: GENERAL COUNSEL  
577 APTAKISIC RD  
LINCOLNSHIRE IL 60069

2.527 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TEAM HEALTH  
ATTN: GENERAL COUNSEL  
265 BROOKVIEW CENTRE WAY  
STE 400  
KNOXVILLE TN 37919

2.528 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TEAM HEALTH  
ATTN: GENERAL COUNSEL  
265 BROOKVIEW CENTER WAY  
STE 400  
KNOXVILLE TN 37919

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.529 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TECHNICORE CLINICAL ENGINEERING LLC  
ATTN: GENERAL COUNSEL  
1900 S MAIN ST  
PO BOX 1210  
FINDLAY OH 45839

2.530 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TECHNICORE CLINICAL ENGINEERING LLC  
ATTN: GENERAL COUNSEL  
1900 S MAIN ST  
PO BOX 1210  
FINDLAY OH 45839

2.531 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TELEFLEX LLC  
ATTN: GENERAL COUNSEL  
3015 CARRINGTON MILL BLVD  
MORRISVILLE NC 27560

2.532 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TELETRONICS INC  
ATTN: GENERAL COUNSEL  
22550 ASCOA CT  
STRONGSVILLE OH 44149

2.533 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TELETRONICS INC  
ATTN: GENERAL COUNSEL  
22550 ASCOA CT  
STRONGSVILLE OH 44149

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.534 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TERARECON  
ATTN: GENERAL COUNSEL  
4000 EAST THIRD AVENUE SUITE 200  
FOSTER CITY CA 94403

2.535 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 28615

TERARECON INC  
ATTN: GENERAL COUNSEL  
4000 EAST THIRD AVE  
STE 200  
FOSTER CITY CA 94404

2.536 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

THE AMERICAN NATIONAL RED CROSS BIOMEDICAL SERVICES  
ATTN: JACKIE BATTLE, BIOMEDICAL SERVICES  
431 18TH ST NW  
WASHINGTON DC 20006

2.537 **State what the contract or lease is for and the nature of the debtor's interest** OTHER AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

THE CITY OF BELLEVUE  
ATTN: KEVIN STRECKER  
3000 SENECA INDUSTRIAL PKWY  
BELLEVUE OH 44811

2.538 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 4385585

THE LAMAR COMPANIES  
ATTN: GENERAL COUNSEL  
5030 ADVANTAGE DR  
STE 102  
TOLEDO OH 43612

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.539 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** #4385596

THE LAMAR COMPANIES  
ATTN: GENERAL COUNSEL  
5030 ADVANTAGE DR  
STE 102  
TOLEDO OH 43612

2.540 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

THE ORTHOPAEDIC INSTITUTE OF OHIO INC  
ATTN: PRESIDENT  
801 MEDICAL DR  
STE A  
LIMA OH 45804

2.541 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

THE TOLEDO CLINIC INC  
ATTN: MICHAEL D'ERAMO, CAO  
4235 SECOR RD  
TOLEDO OH 43623

2.542 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 329 DAYS

**List the contract number of any government contract**

THE TOLEDO CLINIC INC  
ATTN: MICHAEL DBRAMO, CAO  
4235 SECOR RD  
TOLEDO OH 43623

2.543 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 329 DAYS

**List the contract number of any government contract**

THE TOLEDO CLINIC INC  
ATTN: MICHAEL DBRAMO, CAO  
4235 SECOR RD  
TOLEDO OH 43623

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.544 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

THE TOLEDO HOSPITAL D/B/A PROMEDICA TOLEDO HOSPITAL  
ATTN: PRESIDENT, OR TO PARTICIPANT  
2142 NORTH COVE BLVD  
TOLEDO OH 43606

2.545 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 39652

THE WICHMAN COMPANY  
ATTN: GENERAL COUNSEL  
7 NORTH WESTWOOD  
TOLEDO OH 43607

2.546 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 39652

THE WICHMAN COMPANY  
ATTN: GENERAL COUNSEL  
7 NORTH WESTWOOD  
TOLEDO OH 43607

2.547 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TIFFIN UNIVERSITY  
ATTN: GENERAL COUNSEL  
155 MIAMI ST  
TIFFIN OH 44883

2.548 **State what the contract or lease is for and the nature of the debtor's interest** EMPLOYMENT AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TIMOTHY BUIT  
ATTN: GENERAL COUNSEL  
1121 MIDDLEFIELD TRAIL  
BRUNSWICK OH 44212

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.549 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TORNIER INC  
ATTN: GENERAL COUNSEL  
10801 NESBITT AVE S  
BLOOMINGTON MN 55437

2.550 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TORNIER INC  
ATTN: CORPORATE ACCOUNTS  
10801 NESBITT AVE S  
BLOOMINGTON MN 55437

2.551 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 85292

TORRENCE SOUND EQUIPMENT COMPANY  
ATTN: GENERAL COUNSEL  
29050 GLENWOOD RD  
PERRYSBURG OH 43551

2.552 **State what the contract or lease is for and the nature of the debtor's interest** PURCHASE/SALE AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 38859

TORRENCE SOUND EQUIPMENT COMPANY  
ATTN: GENERAL COUNSEL  
29050 GLENWOOD RD  
PERRYSBURG OH 43551

2.553 **State what the contract or lease is for and the nature of the debtor's interest** EQUIPMENT LEASE

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 23873

TORRENCE SOUND EQUIPMENT COMPANY  
ATTN: GENERAL COUNSEL  
29050 GLENWOOD RD  
PERRYSBURG OH 43551

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.554 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TRACELINK INC  
ATTN: GENERAL COUNSEL  
200 BALLARDVALE ST  
BLDG 1  
WILMINGTON MA 01887

2.555 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

TRACELINK INC  
ATTN: GENERAL COUNSEL  
200 BALLARDVALE ST  
BLDG 1  
WILMINGTON MA 01887

2.556 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TSG GUARD INC D/B/A VALOR HEALTH PLAN  
ATTN: VICE PRESIDENT OF MANAGED CARE  
7171 KECK PARK CIR NW  
NORTH CANTON OH 44720

2.557 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TSG GUARD INC D/B/A VALOR HEALTH PLAN  
ATTN: GENERAL COUNSEL  
7171 KECK PARK CIR NW  
NORTH CANTON OH 44720

2.558 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

TSG GUARD INC D/B/A VALOR HEALTH PLAN  
ATTN: VICE PRESIDENT OF MANAGED CARE  
7171 KECK PARK CIR NW  
NORTH CANTON OH 44720

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.559 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

UNISON ADMINISTRATIVE SERVICES LLC  
ATTN: GENERAL COUNSEL  
UNISON PLAZA  
1001 BRINTON RD  
PITTSBURGH PA 15221

2.560 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract** 20080319

UNISON ADMINISTRATIVE SERVICES LLC  
ATTN: GENERAL COUNSEL  
UNISON PLAZA  
1001 BRINTON RD  
PITTSBURGH PA 15221

2.561 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITED HEALTHCARE INSURANCE COMPANY AND ITS AFFILIATES  
ATTN: GENERAL COUNSEL  
PO BOX 30449  
SALT LAKE CITY UT 84130-0449

2.562 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITED HEALTHCARE INSURANCE COMPANY, ON BEHALF OF ITSELF AND ITS CORPORATE AFFILIATES  
ATTN: GENERAL COUNSEL  
1001 LAKESIDE AVENUE  
SUITE 1000  
CLEVELAND OH 44114

2.563 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITED HEALTHCARE INSURANCE COMPANY, ON BEHALF OF ITSELF AND ITS OTHER AFFILIATES  
ATTN: GENERAL COUNSEL  
1001 LAKESIDE AVENUE  
SUITE 1000  
CLEVELAND OH 44114



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.564 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITED HEALTHCARE INSURANCE COMPANY, ON BEHALF OF  
ITSELF AND ITS OTHER AFFILIATES  
ATTN: GENERAL COUNSEL  
1001 LAKESIDE AVE  
STE 1000  
CLEVELAND OH 44114

2.565 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.  
ATTN: GENERAL COUNSEL  
PO BOX 30449  
SALT LAKE CITY UT 84130-0449

2.566 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.  
ATTN: GENERAL COUNSEL  
PO BOX 30449  
SALT LAKE CITY UT 84130-0449

2.567 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE INSURANCE COMPANY, ON BEHALF OF  
ITSELF AND ITS OTHER AFFILIATES  
ATTN: GENERAL COUNSEL  
PO BOX 30449  
SALT LAKE CITY UT 84130-0449

2.568 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE OF OHIO, INC.  
ATTN: GENERAL COUNSEL  
1001 LAKESIDE AVENUE  
SUITE 1000  
CLEVELAND OH 44114

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.569    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE OF OHIO, INC.  
ATTN: GENERAL COUNSEL  
1001 LAKESIDE AVENUE  
SUITE 1000  
CLEVELAND OH 44114

2.570    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE OF OHIO, INC.  
ATTN: GENERAL COUNSEL  
1001 LAKESIDE AVENUE  
SUITE 1000  
CLEVELAND OH 44114

2.571    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

UNITEDHEALTHCARE OF OHIO, INC.  
ATTN: GENERAL COUNSEL  
2300 W. PLANO PKWY,  
#C1E105  
PLANO TX 75075-8427

2.572    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

UNIVERSITY HOSPITAL REGIONAL HOSPITAL  
ATTN: GENERAL COUNSEL  
29000 CENTER RIDGE RD  
WESTLAKE OH 44145

2.573    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

UNIVERSITY HOSPITALS OSTEOPATHIC CONSORTIUM AT UH  
REGIONAL HOSPITALS  
ATTN: GENERAL COUNSEL  
29000 CENTER RIDGE RD  
WESTLAKE OH 44145

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.574 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNIVERSITY HOSPITALS REGIONAL HOSPITALS  
ATTN: GENERAL COUNSEL  
29000 CENTER RIDGE RD  
WESTLAKE OH 44145

2.575 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNIVERSITY HOSPITALS REGIONAL HOSPITALS  
ATTN: GENERAL COUNSEL  
29000 CENTER RIDGE RD  
WESTLAKE OH 44145

2.576 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNIVERSITY OF TOLEDO PHYSICIANS LLC  
ATTN: CHIEF PHYSICIAN OFFICER  
4510 DORR ST  
TOLEDO OH 43615

2.577 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

UNIVERSITY OF TOLEDO PHYSICIANS LLC  
ATTN: CHIEF PHYSICIAN OFFICER  
4510 DORR ST  
TOLEDO OH 43615

2.578 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract** 29942

US BANK EQUIPMENT FINANCE  
ATTN: GENERAL COUNSEL  
1310 MADRID ST  
STE 101  
MARSHALL MN 56258

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.579    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

USA TECHNOLOGIES INC  
ATTN: GENERAL COUNSEL  
100 DEERFIELD LN  
STE 140  
MALVERN PA 19355

2.580    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE HEALTHCARE OF OHIO LLC  
ATTN: WILLIAM J HENWOOD, EXECUTIVE DIRECTOR  
950 WEST WOOSTER ST  
BOWLING GREEN OH 43402

2.581    **State what the contract or lease is for and the nature of the debtor's interest**    OPERATING AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE HEALTHCARE OF OHIO LLC  
ATTN: GENERAL COUNSEL  
950 WEST WOOSTER ST  
BOWLING GREEN OH 43402

2.582    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE HEALTHCARE OF OHIO LLC  
ATTN: GENERAL COUNSEL  
6001 MONCLOVA RD  
MAUMEE OH 43537

2.583    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE HEALTHCARE OF OHIO LLC  
ATTN: GENERAL COUNSEL  
6001 MONCLOVA RD  
MAUMEE OH 43537

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.584    **State what the contract or lease is for and the nature of the debtor's interest**    OPERATING AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE HOLDING COMPANY LLC  
ATTN: GENERAL COUNSEL  
1305 S MAIN ST  
MEADVILLE PA 16335

2.585    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE OHIO SERIES CELL OF MV RE LLC  
ATTN: WILLIAM J HENWOOD C/O VANTAGE HEALTHCARE OF OHIO, LLC  
950 WEST WOOSTER ST  
BOWLING GREEN OH 43402

2.586    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VANTAGE OUTSOURCING LLC  
ATTN: CEO  
1901 S 4TH ST  
STE 22  
EFFINGHAM IL 62401

2.587    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    716 DAYS

**List the contract number of any government contract**

VELOCITYEHS  
ATTN: GENERAL COUNSEL  
222 MERCHANDISE MART PLAZA  
STE 1750  
CHICAGO IL 60654

2.588    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**    23852

VERATHON MEDICAL  
ATTN: GENERAL COUNSEL  
20001 NORTH CREEK PK  
BOTHELL WA 98011

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.589    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

VERATHON MEDICAL  
ATTN: GENERAL COUNSEL  
20001 NORTH CREEK PK  
BOTHELL WA 98011

2.590    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

VIZIENT INC  
ATTN: GENERAL COUNSEL  
290 EAST JOHN CARPENTER FREEWAY  
IRVING TX 75062

2.591    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VIZIENT INC  
ATTN: MEMBERSHIP/SALES OPERATIONS, LEGAL DEPARTMENT  
290 EAST JOHN CARPENTER FWY  
IRVING TX 75062

2.592    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VIZIENT SUPPLY LLC F/K/A NOVATION LLC  
ATTN: GENERAL COUNSEL  
290 E JOHN CARPENTER FRWY  
IRVING TX 75062

2.593    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

VIZIENT SUPPLY LLC F/K/A NOVATION LLC  
ATTN: GENERAL COUNSEL  
290 E JOHN CARPENTER FRWY  
IRVING TX 75062

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.594    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    POTENTIALLY EXPIRED

**List the contract number of any government contract**

WADSWORTH SERVICE  
ATTN: GENERAL COUNSEL  
1500 MICHAEL OWENS WAY  
PERRYSBURG OH 43551

2.595    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    226 DAYS

**List the contract number of any government contract**

WADSWORTH SERVICE  
ATTN: GENERAL COUNSEL  
1500 MICHAEL OWENS WAY  
PERRYSBURG OH 43551

2.596    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

WADSWORTH SOLUTIONS  
ATTN: GENERAL COUNSEL  
12154 DIX TOLEDO RD  
SOUTHGATE MI 48195

2.597    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

WADSWORTH SOLUTIONS  
ATTN: GENERAL COUNSEL  
1500 MICHAEL OWENS WAY  
PERRYSBURG OH 43551

2.598    **State what the contract or lease is for and the nature of the debtor's interest**    SERVICES AGREEMENT

**State the term remaining**    UNDETERMINED

**List the contract number of any government contract**

WADSWORTH SOLUTIONS  
ATTN: GENERAL COUNSEL  
7851 FREEWAY CIR  
MIDDLEBURG HEIGHTS OH 44130

Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.599 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

WARBIRD CONSULTING PARTNERS LLC  
ATTN: CONTRACTING  
600 GALLERIA PKWY  
STE 1400  
ATLANTA GA 30339

2.600 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

WATER MANAGEMENT ADVISORS LTD  
ATTN: GENERAL COUNSEL  
143 EAST WOOSTER ST  
STE B  
BOWLING GREEN OH 43402

2.601 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 361 DAYS

**List the contract number of any government contract**

WEBPT INC  
ATTN: LEGAL DEPARTMENT  
111 WEST MONROE  
STE 200  
PHOENIX AZ 85003

2.602 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 235 DAYS

**List the contract number of any government contract** #40083609

WELCH ALLYN INC  
ATTN: GENERAL COUNSEL  
4341 STATE ST RD  
SKANEATELES FALLS NY 13153

2.603 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** 235 DAYS

**List the contract number of any government contract** 40083609

WELCH ALLYN INC  
ATTN: GENERAL COUNSEL  
4341 STATE ST RD  
SKANEATELES FALLS NY 13153



Name

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.604 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

WON-DOOR CORPORATION  
ATTN: GENERAL COUNSEL  
1865 SOUTH 3480 WEST  
SALT LAKE CITY UT 84104

2.605 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

WOOD COUNTY HOSPITAL  
ATTN: GENERAL COUNSEL  
950 W WOOSTER ST  
BOWLING GREEN OH 43402

2.606 **State what the contract or lease is for and the nature of the debtor's interest** OPERATING AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

WOOD COUNTY HOSPITAL ASSOCIATION  
ATTN: GENERAL COUNSEL  
950 W WOOSTER ST  
BOWLING GREEN OH 43402

2.607 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** POTENTIALLY EXPIRED

**List the contract number of any government contract**

WRIGHT MEDICAL TECHNOLOGY INC  
ATTN: STRATEGIC CONTRACTING  
1023 CHERRY RD  
MEMPHIS TN 38117

2.608 **State what the contract or lease is for and the nature of the debtor's interest** SERVICES AGREEMENT

**State the term remaining** UNDETERMINED

**List the contract number of any government contract**

WRIGHT MEDICAL TECHNOLOGY INC  
ATTN: GENERAL COUNSEL  
1023 CHERRY RD  
MEMPHIS TN 38117

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.609	<div>State what the contract or lease is for and the nature of the debtor's interest</div> <div>PURCHASE/SALE AGREEMENT</div> <div>State the term remaining</div> <div>538 DAYS</div> <div>List the contract number of any government contract</div>	<div>XODUS MEDICAL</div> <div>ATTN: GENERAL COUNSEL</div> <div>WESTMORELAND BUSINESS AND RESEARCH PARK</div> <div>702 PROMINENCE DR</div> <div>NEW KENSINGTON PA 15068</div>

**Fill in this information to identify the case:**Debtor name The Bellevue HospitalUnited States Bankruptcy Court for the: Northern District of Ohio (Canton)Case number (if known) 25-30191☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

- 2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor****Column 2: Creditor****Name****Mailing Address****Name***Check all schedules that apply:*

**Fill in this information to identify the case:**

Debtor name The Bellevue Hospital

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO (CANTON)

Case number (if known) 25-30191

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and Signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 7, 2025

x /s/ Darrell M. Lentz

Signature of individual signing on behalf of the debtor

Darrell M. Lentz

Printed name

Interim Chief Financial Officer

Position or relationship to debtor